

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5 - NMOCDC - Hobbs
1 - File
1 - Midland

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator GETTY OIL COMPANY	
Address P.O. Box 730, Hobbs, NM 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change In Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change In Ownership ☒	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner: Getty Reserve Oil, Inc., 312 HBF Bldg., Midland, TX 79701
This change effective 8/1/80

DESCRIPTION OF WELL AND LEASE				
Lease Name Cooper Jal Unit	Well No. 102	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter B	: 660	Feet From The North	Line and 1980	Feet From The East
Line of Section 18	Township 24-S	Range 37-E	, NMPM, Lea County	

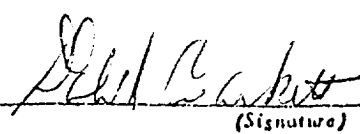
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipe Line Company	Box 2648, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	Box 1492, El Paso, TX 79900					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 24	Twp. 24S	Rge. 36E	Is gas actually connected? Yes	When 1949
If this production is commingled with that from any other lease or pool, give commingling order number: R-663						

COMPLETION DATA								
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Restv.	Full Restv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.D.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of land oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
 (Signature)	
AREA SUPERINTENDENT	
(Title)	
September 18, 1980	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19__	
Orig. Signed by John Runyan	
Geologist	
TITLE _____	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.	
All portions of this form must be filled out completely for allowable on new and recompleted wells.	
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.	