

No. of copies received		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE AND			
SANTA FE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
FILE		5 - NMOCD - Hobbs			
U.S.G.S.		1 - File			
LAND OFFICE		1 - Midland			
TRANSPORTER					
OIL					
GAS					
OPERATOR					
PRODUCTION OFFICE					
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 ☐	
(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		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Cooper Jal Unit		145	Langlie Mattix	State, Federal or Fee	Fee
Location					
Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>					
Line of Section <u>18</u> Township <u>24-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County					
WATER INJECTION WELL					
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)	
Name of Authorized Transporter of Casinghead Gas ☐		or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Pge.
Is gas actually connected? When					
If this production is commingled with that from any other lease or pool, give commingling order number:					
COMPLETION DATA					
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover
Date Spudded		Date Compl. Ready to Prod.		Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, CR, 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 lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)					
Date First New Oil Ran 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.					
APPROVED _____, 19____					
BY <u>John Runyan</u> 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 deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.					
All sections of this form must be filled out completely for all wells on new and re-completed wells.					
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.					