

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 - NMOC - Hobbs

1 - File

1 - Midland

Form C-104

Supersedes Old C-101 and C-1

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

Change in Ownership

Casinghead Gas

Dry 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.

101

Pool Name, including Formation

Langlie Mattix

Kind of Lease

State, Federal or Fee

Fee

Lease No.

Location

Unit Letter

C

660

Feet From The

North

Line and

1980

Feet From The

West

Line of Section

18

Township

24-S

Range

37-E

NMPM

Lea

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

Soc.

Twp.

Rge.

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

Deepen

Plug Back

Stim. Resv.

Unl. Resv.

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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Days 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

September 18, 1980

Date

OIL CONSERVATION COMMISSION

APPROVED

SEP 26 1980

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 daylight tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownership name or number, or transporter, or other such change of condition.