

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION	Form C-101
DISTRIBUTION		REQUEST FOR ALLOWABLE	Supersedes OIL C-101 and C-101 Rev. 1-1-67
SANITARY		AND	
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
U.S.G.S.			
LAND OFFICE		5 - NMOC - Hobbs	
TRANSPORTER	OIL	1 - File	
	GAS	1 - Midland	
OPERATOR			
PRODUCTION OFFICE			
Operator			

GETTY OIL COMPANY

P.O. BOX 730, Hobbs, NM 88240

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Change in Transporter of:
Incompletion ☐	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
Cooper Jal Unit	301 Jalmat (Yates) Gas State, Federal or Fee Fee
Location	
Unit Letter	D 660 Feet From The North Line and 660 Feet From The West
Line of Section	18 Township 24-S Range 37-E, NMPL, 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)
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 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pcc. Is gas actually connected? When
	Yes 1954

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 Sore Resrv. Oil. Re
Date Spudded	Date Compl. Ready to Prod. Total Depth P.D.T.D.
Abbreviations (DF, RNB, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations	Depth Casing Shoe

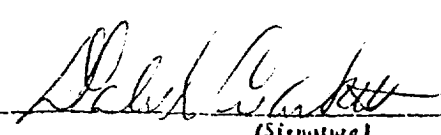
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)			
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
Acft. of Prod. During Test	Oil-Gbls.	Water-Gbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Gbls. Condensate/MCF	Gravity of Condensate
Producing 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)

OIL CONSERVATION COMMISSION	
APPROVED	SEP 1980
BY	
TITLE	
This form is to be filed in compliance with RULE 1104.	
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the down tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for a well or new and re-completed wells.	