	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  IRANSPORTER  GAS  OPER TOR	REQUEST	ONSERVATION COMMISSION FOR ALLOWABI AND MISPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C- Elfoctive 1-1-65 GAS	
1.	Getty Reserve O  Address  312 HBF Buildin  Reason(s) for filing (Check proper box)	il, Inc. g, Midland, Texas 7970	)1 Other (Please explain)		
	New Well  Recompletion  Change in Ownership X  If change of ownership give name	Change in Transporter of:  Cil Dry Ga  Casinghead Gas Conder	<b>治</b> 1		
	DESCRIPTION OF WELL AND I		ormation   Kind of Lec		
	Unit Letter E : 1650	Feel From The North Lin	9 and 330 Feet From	The West  Lea County	
111.	Name of Authorized Transporter of Oil Shell Pipe Line Compa Name of Authorized Transporter of Cast El Paso Natural Gas C	iny Inghead Gas X or Dry Gas	Box 2648, Houston, T	roved copy of this form is to be sent)	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. J 24 24-S 36-E	Is gas actually connected? Yes	Then 1954	
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  R-663  COMPLETION DATA  Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Resty.   Diff. Resty   Designate Type of Completion - (X)				
	Date Spudged  Elevations (DF, RAB, RT, GR, etc.)	Date Compl. Ready to Prod.  Name of Producing Formation	Total Depth Top Oil/Gas Pay	P.B.T.D.  Tubing Depth	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)				
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)	
	Length of Teat	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Fred. During Test	O:1-Btls.	Water - Ebis.	Gas-MCF	
	GAS WELL Add at the street MOF/D	Length of Test	Bble, Condensate/MMCF	Gravity of Condensate	
	Tratic, woib it (priot, back pr.)	Tubing Preseure (Shut-ia)	Cosing Pressure (Dhub-in)	Chake Size	
VI.	CERTIFICATE OF COMPCIANC		<u> </u>	/ATION COMMISSION	
	I hereborentify that the rules and regulations of the Oil Conservation Commonton have been complied with and that the information given above is the and complete to the best of my knowledge and belief.		A. P. NOVIED		

Assistant District Manager

January 31, 1980

(Tile)

Hiller

1	APPROVED, 13
	Orig. Signed by
	DYJerry Sexton
	Dist l. Supy.

This form is to be filed in compliance with RULE 1104.

If this is a request for silowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviations taken on the well in accordance with MULK 111.

All sections of this form must be filled out completely for alloable on new and recompleted walls.

Fill out only Sections I. II, III, and VI for changes of own-well name or number, or transporter, or other such change of conditions

Separate Forms C-104 must be filed for each pool in multipolated walter