

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

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OIL C-104 and C-
Effective 1-1-675 - NMOCD - Hobbs
1 - File
1 - MidlandOperator
GETTY OIL COMPANYAddress
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		Well No.		Pool Name, including Formation		Kind of Lease		NMOCD No.	
Cooper Jal Unit		147		Langlie Mattix		State, Federal or Fee Federal		0321613	
Location									
Unit Letter E : 2310 Feet From The North Line and 330 Feet From The West									
Line of Section 19 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)					
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.	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

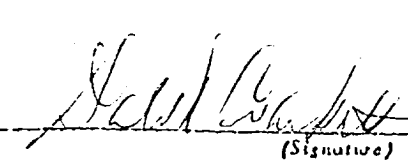
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Shut Res'v.	Perf. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.D.T.D.				
Elevations (DF, RSB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations			Depth Casing 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)

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/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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__	
 (Signature) AREA SUPERINTENDENT		BY _____ Orig. Signed by John Kavan Geologist	
September 22, 1980		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 sections of this form must be filled out completely for allowable on new and re-completed wells. Fill out only Sections I, II, III, and VI for changes of owner	