| }      | DISTRIBUTION  |  | ONSERVATION CONTISION<br>FOR ALLOWABLE<br>AND   | Form C-184<br>Supersedes Old C-104 and C-17<br>Effective 1-1-65 |
|--------|---|--|---|---|
|        | U.S.G.S.  | AUTHORIZATION TO TRAI                    | NSPORT OIL AND NATURAL GA   | S   |
|        | TRANSPORTER OIL GAS   |  |   |   |
|        | OPERFIOR  |  |   |   |
| 1.     | Operator  |  |   |   |
|        | Getty Reserve Oil, Inc.<br>Address<br>312 HBF Building, Midland, Texas 79701  |  |   |   |
|        | 312 HBF Buildin<br>Reason(s) for filing (Check proper box)  |  | Other (Please explain)  |   |
|        | New Woll  | Change in Transporter of:<br>Cil Dry Gas | Change effective  | 1-23-80   |
|        | Change in Ownership X Casinghead Gas Condensate   |  |   |   |
|        | If change of ownership give name<br>and address of previous owner   |  | 312 HBF Building, Midla   | nd, Texas 79701   |
| 11.    | DESCRIPTION OF WELL AND I   | Well No. Pool Name, Including Fo         |   | LC Loase No.  |
|        | Cooper Jal Unit   | 232 Jalmat                               | 1917  | Fee Federal 032592(b  |
|        | Unit Letter <u>F</u> ; 198  | 0Feet From TheNorth_Line                 |   | West  |
|        | Line of Section 30 Tow  | nship 24-S Penge                         | 37-Е , ммрм,  | Lea County  |
| Ш.     | III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  |  |   |   |
| •      | Shell Pipe Line Company Box 2648, Houston, Texas 77001  |  |   |   |
|        | Name of Authorized Transporter of Cas<br>El Paso Natural  |  | Box 1492, El Paso,  |   |
|        | If well produces oil or liquids,<br>give location of tanks.   | Unit Sec. Twp. Fge.<br>J 24 24-S 36-E    | Is gas actually connected? When Yes   | Unknown   |
|        | If this production is commingled with that from any other lease or pool, give commingling order number: R-663   |  |   |   |
| IV.    | COMPLETION DATA<br>Designate Type of Completio  | n - (X)                                  | New Well Workover Deepen  | Plug Back <sup>1</sup> Same Restv. <sup>1</sup> Diff. Restv.    |
|        | Date Spudded  | Date Compl. Ready to Pred.               | Total Depth   | P.B.T.D.  |
|        | Elevations (DF, RKB, RT, GR, etc.,  | Name of Producing Formation              | Top O!!/Gas Pay   | Tubing Depth  |
|        | Perforations  |  | 1<br>·  | Depth Casing Shoe   |
|        | TUBING, CASING, AND CE  |  | CEMENTING RECORD  |   |
|        | HOLE SIZE   | CASING & TUBING SIZE                     | DEPTH SET   | SACKS CEMENT  |
|        |   |  |   |   |
|        |   |  |   |   |
| v.     | TEST DATA AND REQUEST FOR ALLOWABLE<br>OII. WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow<br>able for this depth or be for full 24 hours)   Date First New Oil Run To Tanks Date of Tost |  |   |   |
|        |   | Tubing Pressure                          | Casing Prossure   | Choka Siza  |
|        | Longth of Test  | Oil-Bbis.                                | Wate: - Bbla.   | Gas-MCF   |
|        | Actual Pred. During Test  | ОП- ВЫВ.                                 |   |   |
|        | GAS WELL  |  |   |   |
|        | Actual Froa. Test-MCF/D   | Longth of Tost                           | Bbls. Condensate/MMCF   | Gravity of Condensate   |
|        | Testing Mothod (pitot, back pr.)  | Tubing Pressure (Shut-in)                | Cosin; Pressure (Shut-in)   | Choke Size  |
| VI.    | CERTIFICATE OF COMPLIANCE   |  | OIL CONSERVATION COMMISSION   |   |
|        | I hereby certify that the rules and regulations of the Oil Connervation<br>Commission have been complied with and that the information given<br>above is true and complete to the best of my knowledge and belief.                                |  | Orig. Signed by   |   |
|        |   |  | BYIerry Sexton<br>Dist 1, Supv,   |   |
|        | Assistant District Manager  |  | This form is to be filed in compliance with AULE 1104.<br>If this is a request for allowable for a newly drilled or despense<br>well, this form must be accompanied by a tebulation of the deviation<br>tests taken on the well in accordance with AULE 111.<br>All sections of this form must be filled out completely for allow |   |
|        |   |  |   |   |
|        |   |  |   |   |
|        | January 31, 198   |  | able on new and recomplated wells.<br>Fill out only Sections I. H. HI, and VI for changes of owned<br>Fill out only Sections I. H. HI, and VI for changes of condition  |   |
| (Date) |   |  | well name or number, or transporter, or other such change of condition<br>Separate Forma C-104 inust be filed for each pool in multipl<br>completed wells.  |   |

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