

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-101
Supersedes Old C-101 and C-1
Effective 1-1-65

Operator Getty Reserve Oil, Inc.	
Address 312 HBF Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐	Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒	

If change of ownership give name and address of previous owner Reserve Oil, Inc., 312 HBF Building, Midland, Texas 79701
This change effective 1-23-80

Lease Name South Langlie Jal Unit		Well No. 4	Pool Name, including Formation Jalmat (Oil)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>I</u> : <u>960</u> Feet From The <u>East</u> Line and <u>1650</u> Feet From The <u>South</u> Line of Section <u>7</u> Township <u>25-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County						

WATER INJECTION WELL						
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: _____

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'n.	Diff. Res'n.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.D.T.D.				
Elevations (DF, RKD, RT, CR, 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		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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 <u>FEB 15 1980</u> , 19__	
<u>Clarence R. Chandler</u> (Signature) Assistant District Manager (Title) January 29, 1980 (Date)		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 deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All portions of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	