

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-101 and C-111
Effective 1-1-65

5 - NMOCD - Hobbs
1 - File
1 - Midland

Operator
GETTY OIL COMPANY

Address
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	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry 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		Lease No.	
South Langlie Jal Unit		21		Jalmar (Oil)		State, Federal or Fee		Fee	
Location									
Unit Letter I : 330 Feet From The East Line and 2310 Feet From The South									
Line of Section 18 Township 25-S Range 37-E, NMPM, Lea County									

WATER INJECTION WELL																																		
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.					Rce.					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		Stim Res.		Perf. Res.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.											
Elevations (DF, RKB, 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 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/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__	
AREA SUPERINTENDENT		BY _____	
(Signature)		TITLE _____	
(Title)		This form is to be filed in compliance with RULE 1104.	
September 17, 1980		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 logs taken on the well in accordance with RULE 111.	
(Date)		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.	