	NO. 27 COPICS RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPERATOR PROFATION OFFICE		ONSERVATION COM FOR ALLOWABLE AND INSPORT OIL AND N		Effective 1-1-	d C-104 and C-110 35	
I.	Operator						
	Getty Reserve Oil, Inc.						
	312 HBF Building, Midland, Texas 79701						
	Reason(s) for filing (Check proper box) Other (Please explain) New We!1 Change in Transporter of:						
	Recompletion Change in Ownership X	Cil Dry Ga Casinghead Gas Conder		hange effe	ctive 1-23-8	30.	
	If change of ownership give name and address of previous owner	Reserve Oil, Inc.,	312 HBF Buildin	ig, Midlan	d, Texas 79	701	
n.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F		Kind of Lease			
	Lease Name Vosburg	1 Jalmat Yates		State, Federal or	Fee Fee	Lecse No.	
	Location	<u></u>	2210		C th		
	Unit Letter <u>I</u> ; <u>330</u>	Feet From The East Lin	e and 2310	_ Feet From The	South		
	Line of Section 18 Tow	mship 25-S Range	37-Е , ммрм,		Lea	County	
m.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S	which approved	copy of this form is	o he sent)	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X. Address (Give address to which approved copy of this form is to be sent) None - Well Shut In						
	If well produces oil or liquids, Unit Sec. Twp. P.ge. is gas actually connected? When give location of tanks.						
	If this production is commingled wit	h that from any other lease or pool,	give commingling order	number:			
IV.	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	New Well Workover	Deepen Pl	lug Back Same Res	s'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.	.B.T.D.	1	
	Eievations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	T	ubing Depth		
	Perforations			D	epth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD		SACKS CE	AENT	
			<u> </u>		must be eased to or	ercent ton allow	
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 allow- able for this depth or be for full 24 hours) (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able 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.)						
			Casing Pressure		Choke Size		
	Length of Test	Tubing Pressure			Gas • MCF		
	Actual Pred. During Test	Oil-Bbls.	Water-Bbls. Ga		GGB MCF		
	GAS WELL						
	Actual Prod. Tust-MCF/D	Longth of Test	Bbla. Condensate/MMCF	G	ravity of Condeneate		
	Tealing Mathod (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in) C	hoke Size		
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
			APPROVED 19				
	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.		BY	BYIerry Sexten			
			TITLE	Dist 1 Supva			
	Clarence R. Chandler		This form is to be filed in compliance with RULE 1104.				
	(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.				
	Assistant District Ma	All sections of this form must be filled out completely for allow- able on new and recompleted walls. 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. Separate Forms C-104 must be filed for each pool in multiply					
	February 15, 1980						
			comuteted wells.				

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