

SALE FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OPERATOR

PRODUCTION OFFICE

OIL

GAS

REQUEST FOR ALLOWABLE AND

HORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supervisory Unit (1-10) and C- Effective 1-1-67

Operator

Getty Reserve Oil, Inc.

Address

312 HBF Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Recompletion

Change in Ownership

Change in Transporter of

Oil

Casinghead Gas

Dry Gas

Condensate

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, including Formation

Kind of Lease

Lease No.

South Langlie Jal Unit

22

Jalmat (Oil)

State, Federal or Fee

Fee

Location

Unit Letter

Feet From The

Line and

Feet From The

Line of Section

Township

Range

County

L

990

West

2310

South

17

25-S

37-E

NMPM,

Lea

County

II. 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)

Shell Pipe Line Company

Box 2648, Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

El Paso Natural Gas Company

Box 1492, El Paso, Texas 79900

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

J

7

25-S

37-E

Yes

Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Res'v.

Diff. Res'v.

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

VI. 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/MMCF

Gravity of Condensate

Testing Method (flow, back pr.)

Tubing Pressure (shut-in)

Casing Pressure (shut-in)

Choke Size

I. CERTIFICATE OF COMPLIANCE

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.

Assistant District Manager

January 29, 1980

OIL CONSERVATION COMMISSION

FEB 15 1980

APPROVED

BY

TITLE

Orig. Signed by

Jerry Sexton

Dist 1, Supv.

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 logs taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Background, I, II, III, and IV for changes of owner, well name or number, of transporter, or other such change of conditions.