

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-103 and C-1 Effective 1-1-65	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE		5 - NMOCB - Hobbs			
TRANSPORTER		1 - File			
OIL		1 - Midland			
GAS					
OPERATOR					
PRODUCTION OFFICE					
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 ☐ Dry Gas ☐		
Change in Ownership ☒			Casinghead 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					
Lease Name		Well No.		Pool Name, including Formation	
South Langlie Jal Unit		26		Jalmat (Oil)	
Kind of Lease		State, Federal or Fee		Fee	
Location					
Unit Letter		M		330 Feet From The West Line and 330 Feet From The South	
Line of Section		17		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		Soc.	
		Twp.		Rge.	
		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	
		Secure Res'ty.		Unl. Res'ty.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
P.D.T.D.		Elevations (DF, RKB, 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					
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 (Fiber, back pr.)		Tubing Pressure (Shut-in)	
Casing Pressure (Shut-in)		Choke Size			
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.					
AREA SUPERINTENDENT					
September 18, 1980					
(Date)					
OIL CONSERVATION COMMISSION					
APPROVED					
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 deviator tests 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 Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.					