

FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-NMOCC
1-W.L. BOONE-HOUSTON
1-R.J. STARRAK-MIDLAND
1-FILE

Effective 1-1-65

I.

Operator GETTY OIL COMPANY		
Address P.O. BOX 249, HOBBS, NEW MEXICO 88240		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name A. B. COATES "C"	Well No. 8	Pool Name, including Formation JUSTIS BLINEBRY	Kind of Lease Federal or Fee	LC Lease No. 032650 (b)
Location Unit Letter B, 600 Feet From The NORTH Line and 1880 Feet From The EAST Line of Section 24 Township 25S Range 37E, NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS NEW MEXICO PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1510, MIDLAND, TEXAS 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1384, JALISCO, NEW MEXICO 79745					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 24	Twp. 25	Rge. 37	Is gas actually connected? YES	When 1-5-73

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-33

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded 12-20-72	Date Compl. Ready to Prod. 12-29-72		Total Depth		P.B.T.D. 5765			
Elevations (DF, RKB, RT, GR, etc.) 3083 D.F.	Name of Producing Formation BLINEBRY		Top Oil/Gas Pay 5031		Tubing Depth 5635			
Perforations 5031 - 5639 (59 SHOTS, SELECTIVELY)					Depth Casing Shoe 7520			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4	13-3/8		535		525			
12-1/4	9-5/8		3336		1100			
8-3/4	7		7520		800			
	2		5635					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of 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 1-5-73	Date of Test 1-7-73	Producing Method (Flow, pump, gas lift, etc.) FLOW	Choke Size 32/64
Length of Test 24	Tubing Pressure 160	Casing Pressure 600	Gas - MCF 503
Actual Prod. During Test 86	Oil - Bbls. 40*	Water - Bbls. 46	

*Well is in same proration Unit as Well NO. 22.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

C.L. Wade: *C.L. Wade*
(Signature)

AREA SUPERINTENDENT

(Title)

JANUARY 8, 1973

(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 1973

BY *[Signature]*

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 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.

Separate Forms C-114 must be filed for each pool in multiply completed wells.