DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMI 5 A Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-Effective 1-1-65 AND G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS D OFFICE - NMOCC - Hobbs TRANSPORTER 1 - W. L. Boone - Houston 1 - R. L. White - Midland GAS OPERATOR 1 - File PRORATION OFFICE Operator Getty Oil Company Address P. O. Box 249, Hobbs, N. Mex. 88240 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion X Dry Gas Change in Ownership Casinghead Gas If change of ownership give name and address of previous II. DESCRIPTION OF WELL AND LEASE ell No. Pool Name, Including Formation Kind of Lease Legse No. A. B. Toates "C" 9 Justis Blinebry State, Federal or Fee Fed. Location 1980 South Line and J Unit Letter 1980 Feet From The East Feet From The _ Line of Section **25**S Township 37E Range Lea , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipe Line Company Box 1510, Midland, Texas 79701 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 1384, Jal, New Mexico 88252 Sec. Unit P.ge. Is gas actually connected? If well produces oil or liquids, Twp. When 24 give location of tanks. В 25S 37E Yes 1959 If this production is commingled with that from any other lease or pool, give commingling order number: PLC-33 IV. COMPLETION DATA Oil Well Gas Well Workover New Well Deepen Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) x X Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Rework 5-15-74 8-2-74 8075 5840 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 3086 DF Blinebry 5024 5579 Perforations Depth Casing Shoe 5024 - 54971 7950 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 17-1/2 13-3/8 5361 <u>525</u> 12-1/4 9-5/8 <u> 3364</u> 1300 <u> 7950</u> <u>653</u> 2**-**3/8 5579 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 allowable for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) 6-19-74 12-20-74 Pump Length of Test Tubing Pressure Casing Pressure Choke Size 24 hours 50 45 2" Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF 38 22 16 217 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 OIL CONSERVATION COMMISSION I hereby certify that the rules and regulations of the Oil Conservation APPROVED Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. BY_

TITLE

Or it Made

Area Superintendent

12-26-74

(Signature)

(Title)

(Date)

This form is to be filed in compliance with RULE 1104.

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.

If this is a request for allowable for a newly drilled or deepened