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

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. OPERATOR

GETTY OIL COMPANY

Address: P. O. Box 249, Hobbs, New Mexico 88240

Reasons for filing (Check proper box) Other (Please explain)

New Well ☐ Change in Transporter ☐

Recompletion ☐ Oil ☒ Dry Gas ☐

Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner: Tidewater Oil Company, Box 249, Hobbs, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Justin McKee Unit	Well No. (See above, Test Unit Report)	116	Lease Name	Justin McKee	Lease Type	Fed.
Location	Unit Letter 0 760 Feet From The South Line and 2030 Feet From The East Line of Section 24 Township 25S Range 37E	Lea					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Shell Pipeline Co.	Address (Give address to which approved copy of this form is to be sent)	Box 1910, Midland, Texas
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent)	Box 1384, Jai, New Mexico
If well produces oil or liquids, give location of tanks.	Unit B Sec. 24 Twp. 25 Rge. 37	Is gas naturally compressed? Yes	When 1-1-66

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Risk	Diff. Risk
Date Spudded	Date Compl. Ready to Prod.	Total Depth	FEET/D.					
Pool	Name of Producing Formation	Top Oil/Gas Day	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

V. 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/MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	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. E. Wade

(Signature)

Area Superintendent

(Title)

September 30, 1967

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19

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 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter. Other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.