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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND

Form C-104

Supersedes Old C-104 and C-110
Effective 1-1-65AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-NMOCC
1-W.L. DOONE-HOUSTON
1-J.E. PIERCE-MIDLAND

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. 19	Pool Name, including Formation JUSTIS TUBB DRINKARD	Kind of Lease State, Federal or Fee FEDERAL	Lease No.
Location				
Unit Letter P	990	Feet From The SOUTH Line and 990	Feet From The EAST	
Line of Section 24	Township 25-S	Range 37-E	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 P.C. COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1510, MIDLAND, TEXAS
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, JAL, NEW MEXICO
If well produces oil or liquids, give location of tanks.	Unit B Sec. 24 Twp. 25 Rge. 37 Is gas actually connected? YES When 10-2-71

If this production is commingled with that from any other lease or pool, give commingling order number: **R-1297**

IV. COMPLETION DATA

Designate Type of Completion - (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input checked="" type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input checked="" type="checkbox"/> Diff. Res'v.
Date XXXXX REWORK 9-18-71	Date Compl. Ready to Prod. 9-28-71		Total Depth 7940		P.B.T.D. 6790			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation TUBB-DRINKARD		Top Oil/Gas Pay 5776		Tubing Depth 5769			
Perforations 5776-5940'					Depth Casing Shoe 7847			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	13-3/8		540		550			
12-1/4	9-5/8		3326		1100			
8-3/4	7		7847		700			

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 9-29-71	Date of Test 10-3-71	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 24	Tubing Pressure 180	Casing Pressure PACKER	Choke Size 24/64
Actual Prod. During Test 91	Oil-Bbls. 53	Water-Bbls. 38	Gas-MCF 91

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.ORIGINAL SIGNED BY:
G. L. Wade**C.L. WADE, AREA SUPERINTENDENT****OCTOBER 6, 1971****WLG/bh**

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT I

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 allow-
able 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-104 must be filed for each pool in multiply
completed wells.

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CC 7 1971
OIL CONSERVATION COMM.
HOBBS, N. M.