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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

Form C-104

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-NMOCC

1-W.L. Boone - Houston

1-J.E. Pierce - Midland

1-File

I. Operator	
GETTY OIL COMPANY	
Address	
P.O. BOX 249, HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
A. B. COATES "C"	19	JUSTIS BLINEBRY	State, Federal or Fee FED.	
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	NMCM, 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"/>	Address (Give address to which approved copy of this form is to be sent)					
TEXAS NEW MEXICO P.L. COMPANY	P.O. BOX 1510, MIDLAND, TEXAS					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS COMPANY	P.O. BOX 1384, JAL, NEW MEXICO					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	24	25	37	YES	9-25-71

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X					X		X
Date Revised REWORK	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9-14-71	9-24-71	7940	7280					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3069 D.F.	BLINEBRY	5200	5769					
Perforations	Depth Casing Shoe							
5200-5542	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			
	2-3/8		5769					

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-24-71	9-26-71	FLOW	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
8	550	PACKER	21/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
127	109	18	129

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.

C. L. WADE
(Signature)
C. L. WADE, AREA SUPERINTENDENT
(Title)
SEPTEMBER 29, 1971
(Date)
WLG/dh

OIL CONSERVATION COMMISSION

APPROVED JUL 1 1971, 19BY For Dr. B. B. B. B.TITLE Dist. I, Supv.

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.