0+6-NMOCD-Hobbs
1-File
1-Engr. Jim
1-Foreman CK
1-Mr. J.A.-Midland
1-JA, 1-BB
1-SH, 1-CP

Getty Oil Company

Address
P.O. Box 730, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)
Change Zones From Justis Montoya/ Justis Tubb-Drinkard

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
A.B. Coates C	21	Justis Tubb-Drinkard	State, Federal or Fee Fed.	LC-032650

Location
Unit Letter J : 2080 Feet From The South Line and 1980 Feet From The East
Line of Section 24 Township 25S Range 37E , NMPM, Lea County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Shell Pipe Line Company	P.O. Box 1910, Midland, TX 79701
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 1384, Jal, NM 88252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	B	24	25S	37E	Yes	5/1978

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

III. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv
	X			X		X		

Date ~~Spudded~~ Rework	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5/29/84	6/6/84	7549	6592'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3084 D.F.	Tubb	5626	6013'
			Depth Casing Shoe
Perforations 5626-5938 27 holes, 1 SPF			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/4	13 3/8"	536	550
12 1/4	9 5/8	3323	1100
7	7	7549	500
	2	6714	--

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6/7/84	6/25/84	Pumping	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours			
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	1.7	115	393

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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Dale R. Crockett
(Signature)
Area Superintendent
(Title)
June 29, 1984
(Date)

OIL CONSERVATION DIVISION
APPROVED JUL 3 1984, 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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-104 must be filed for each pool in multiply completed wells.