

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 875010+6-NMOCD-Hobbs
1-File
1-Tech Jim
1-Foreman CK
1-JA, 1-BB, 1-CB, 1-CP
1-Mr. J.A. - Midland
1-Laura Richardson-MidlandREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PAID OFF	

Operator
Getty Oil CompanyAddress
P.O. Box 730, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Well name change Old name (Mexico J #23)
New name (West Dollarhide Drinkard Unit #89)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.
West Dollarhide Drinkard U.	89	Dollarhide Drinkard	State, Federal or Fee	B-9311
Location				
Unit Letter	O	660 Feet From The	South Line and	1830 Feet From The
Line of Section	32	T. Township	24S	Range
			38E	NMPM, Lea County

II. 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 Pipeline Company	P.O. Box 1510, Midland, TX					
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 Co.	P.O. Box 1492, El Paso, TX					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

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

V. 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		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
-	11/21/83	8680	7385'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3619' DF	Drinkard	6357'	6503'					
Perforations			Depth Casing Shoe					
6357'-6490' = .2 shots per foot = 44 shots			-					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	5 1/2"	8680	910 SXS					
	8 5/8"	3150	2000 SXS					
	2 3/8"	6503'	-					

VI. 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.)	
11/19/83	11/27/83	pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hour			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	78	268	4 MCF

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

I. 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

Area Superintendent

November 28, 1983

OIL CONSERVATION DIVISION

APPROVED DEC 1 1983

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 deviated 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 conditions. Separate forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED

NOV 30 1983

O.C.D.
HOBBS OFFICE

1-File

1-Engr. Jim

1-Foreman CK

1-H.O. Woods-Midland

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form O-102
Supersedes G-128
Effective 1-1-80

Old Well name (Mexico J #23) All distances must be from the outer boundaries of the Section.

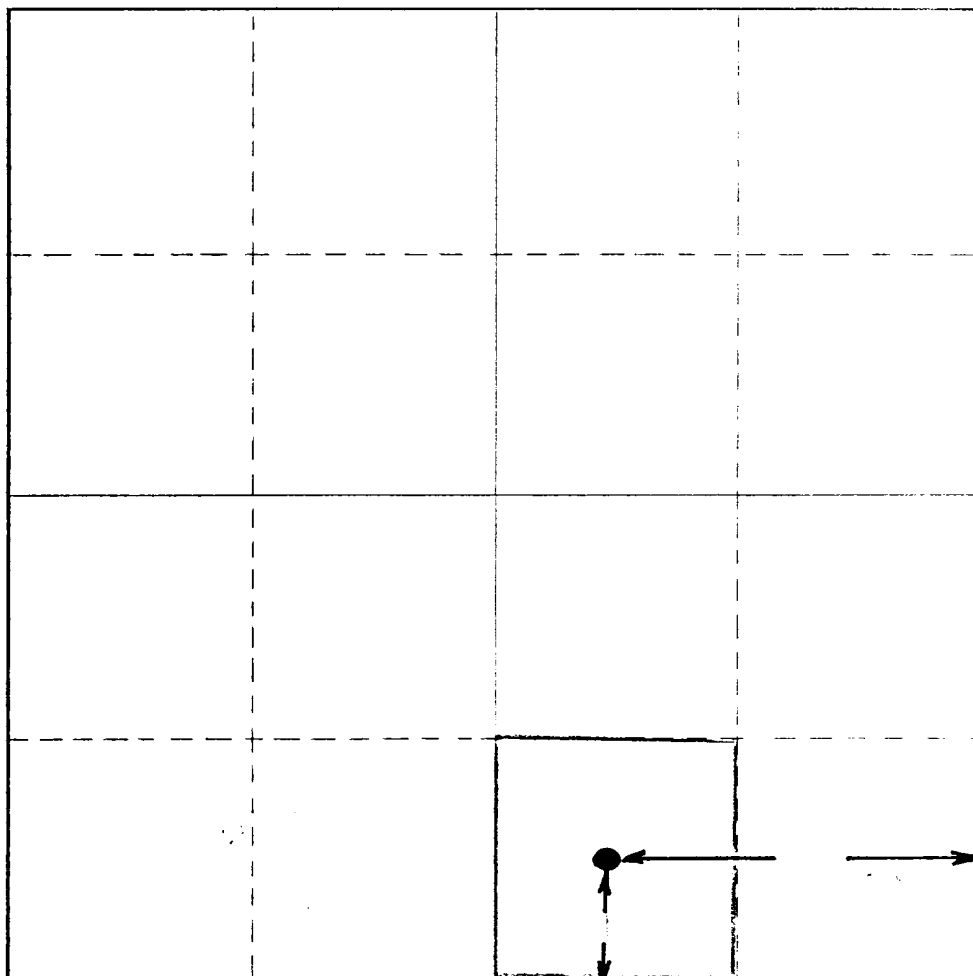
Operator Getty Oil Company		Lease West Dollarhide Drinkard Unit		Well No. 89
Unit Letter O	Section 32	Township 24S	Range 38E	County Lea
Actual Footage Location of Well: 660 feet from the South line and 1830 East				
Ground Level Elev. 3619'DF	Producing Formation Drinkard	Pool Dollarhide <i>Leah/Kr.</i>	Estimated Acreage: 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or line-lure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Dale R. Crockett
Dale R. Crockett *df*
Area Superintendent

Company
Getty Oil Company

Date
November 29, 1983

Jim
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Surveyor
Surveyor

Verification

0 330 660 990 1320 1650 1980 2310 2640 2000 1500 1000 500