

SANTA FE	
FILE	
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

Orig & Acc: EX000
loc: H. E. Berg
loc: R. H. Coe
loc: File

I. Operator
Getty Oil Company
Address
P. O. Box 249, Hobbs, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
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 A. B. Coates "C"	Well No. and Name, Including Formation 27 Justis Blinbry	Kind of Lease State, Federal or Free Federal	Lease No. LC-032650(b)
Location Unit Letter K 1650 Feet From The South Line and 1650 Feet From The West	Line of Section 24 Township 25S Range 37E	Lea	Country

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1510, Midland, Texas 79714
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1384, Del, New Mexico 88252
If well produces oil or liquids, give location of tanks. Unit B Sec. 24 Twp. 25S Rng. 37E	Is gas actually produced? When? Yes

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)	Date Spudded	Date Compl. Ready to Prod.	Total Depth	SHAPE
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	String Depth	
Perforations	South Facing Side			
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH	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	Coke 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 (Shut-in)	Casing Pressure (Shut-in)	Coke 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, 1957
(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 re-completed 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 Form C-104 must be filed for each pool in multiply completed wells.