

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-NMOCC
1-W.L. BOONE - HOUSTON
1-J.E. PIERCE-MIDLAND
1-FILE

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

I. Operator
GETTY OIL COMPANY
Address
P.O. BOX 249, HOBBS, NEW MEXICO 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☒ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
*Change of owner
Darius Hill No.*

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. 128	Pool Name, Including Formation JUSTIS BLINERY	Kind of Lease State, Federal or Fee FED.	Lease No.
Location Unit Letter F ; 1795 Feet From The NORTH Line and 1795 Feet From The WEST 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.L. 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 10-7-71

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	XX					XX		XX
Date Start Rework 10-6-71	Date Compl. Ready to Prod. 10-7-71		Total Depth 7912		P.B.T.D. 7720			
Elevations (DF, RKB, RT, GR, etc.) 3078 GR	Name of Producing Formation BLINERY		Top Oil/Gas Pay 5361		Tubing Depth 5150			
Perforations 5361-5564					Depth Casing Shoe 7911			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4	13-3/8		529		525 SACKS			
11	8-5/8		2259		2010 SACKS			
7-7/8	5-1/2		7911		908 SACKS			
	2-3/8		5150					

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 10-7-71	Date of Test 10-8-71	Producing Method (Flow, pump, gas lift, etc.) FLOW	
Length of Test 22	Tubing Pressure 250	Casing Pressure PACKER	Choke Size 20/64
Actual Prod. During Test 388	Oil - Bbls. 113	Water - Bbls. 275	Gas - MCF 249

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 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:
C. L. Wade

(Signature)

AREA SUPERINTENDENT

(Title)

10-8-71

(Date)

OIL CONSERVATION COMMISSION

APPROVED **OCT 13 1971**, 19

BY **Joe D. Ramsey**
TITLE **Dist. I. Sup.**

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.

7.1.1
7.1.2
7.1.3
7.1.4

RECEIVED

OCT 12 1971

OIL CONSERVATION COMM.
HOBBS, N. M.