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FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110

- }	511.5	KEGOESI I	AND	Effective 1-1-65	
-	FILE	AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL	CAS	
- }	U.S.G.S.	AUTHORIZATION TO TRAF	ASPORT OIL AND NATURAL	GAS	
-	LAND OFFICE	5-NMOCC			
1	IRANSPORTER OIL	1-W.L. Boone-Houston			
	GAS	l-R.J. Starrak-Midlan	nd		
	OPERATOR	1-Hobbs - File	×.		
1.	PRORATION OFFICE			<del></del>	
-	Operator			İ	
j	GETTY OIL COMPANY				
t	Address			-	
- 1	P. O. BOX 249, HOBBS,	NEW MEXICO 88240			
}	Reason(s) for filing (Check proper box)		Other (Please explain)		
l	New Well	Change in Transporter of:			
İ	Recompletion	Oil Dry Gas			
	Change in Ownership	Casinghead Gas Condens	sate 🗍		
Į	Change in Ownership				
	If change of ownership give name				
	and address of previous owner				
II.	DESCRIPTION OF WELL AND L	EASE	amation Kind of Lea	se Lease No.	
,	Lease Name Well No. Pool Name, Including For		F.4.	ral or Fee FEDERAL	
	A. B. COATES "C"	29 JUSTIS ELLENBU	JRGER State, 7 de	FEDERAL J	
1	Location				
	Unit Letter H : 1650	Feet From The NORTH Line	and 330 Feet From	The EAST	
	Onit Letter,				
	Line of Section 24 Tow	nship 25-S Range	37-E , NMPM,	LEA County	
	Ellie of Section				
	DESIGNATION OF TRANSPORT	ER OF OUL AND NATURAL GA	S		
ш.	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)	
		<b>.</b>	P.O. BOX 1910, MIDLANI	O, TEXAS	
	SHELL PIPE LINE Name of Authorized Transporter of Cas	Inchest Cas V or Dry Gas		roved copy of this form is to be sent)	
	1		P. O. BOX 1384, JAL, 1		
	EL PASO NATURAL GAS CO	<del></del>		Vhen	
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.			
	give location of tanks.	B 24 25 37	YES	10-1-72	
	If this production is commingled wit	h that from any other lease or pool,	give commingling order number: ]	PLC-33	
IV	COMPLETION DATA				
		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n = (X) $X$	X .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	8-17-72	9-30-72	8102	7948	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	3068 GR	ELLENBURGER	7731	7698	
		DIBENDOTOEL		Depth Casing Shoe	
	Perforations 7731-90'			8100	
		TURING CASING AND	CEMENTING RECORD		
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE		580	
	17-1/2	13-3/8	560	1900	
	11	8-5/8	3443		
	7-7/8	5-1/2	8100	1140	
			<u> </u>		
w	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load of	oil and must be equal to or exceed top allow	
▼.	OII. WELL				
Date First New Oil Run To Tanks Date of Test Producing Method (Fious, pump, gos 15), etc.)				siji, etc.j	
	10-1-72	10-10-72	FLOW		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	24 HOURS	200	PACKER	20/64	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	122	132	0	146	
	134		Well #17) scompleted in	the Justis Ellenburger.	
	Well #29 was drilled(in	same proration unit as	well #17/@completed in	colls are located 891'apar	
	GAS WELL Production from	m both wells is less that Length of Test	Bbls. Condensate/MMCF	ells are located 891'apar	
	Actual Prod. Test-MCF/D	Length of lest			
			Casing Pressure (Shut-in)	Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Costud Liesante (Suge_xm)		
			<u> </u>		
<b>47</b>	CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION	
V1	CERTIFICATE OF COMPENS	<del></del>	∥ / / <b>∪</b> C.	T 13-1972	
APPROVED				, 19	
	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 helief.		- Colon Start -		
			BY DICTOICT		
			ETTERNISOR DISTRICT )		
	•		TITLE		
			This form is to be filed	in compliance with RULE 1104.	
	0 2 11/2 /2			tomeble for a newly drilled or deepens	
	C.x. Wade		well, this form must be accor	npanied by a tabulation of the deviation	

(Signature)	
DENT	
(Title)	
2	
	OENT (Title)

(Date)

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 conditions.

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G.C Corist AMTERIA COMA.