

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

Getty Oil Company

P.O. 730, Hobbs, NM 88240

Other (If lease explains)

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:

Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Notice of Gas Connection

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name West Jal B Deep	Well No. 1	Pool Name, including Formation W. Jal Wolfcamp P-7534	Kind of Lease State, Federal or Free Fee	Lease No.
Location Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East Line of Section 17 Township 25S Range 36E, NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3119, Midland, TX 79702					
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) P.O. Box 1384, Jal, NM 88252					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 17	Twp. 25S	Rge. 36E	Is gas actually connected? Yes	When 3/29/84

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-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

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

April 3, 1984

OIL CONSERVATION DIVISION

APPROVED APR 4 1984

ORIGINAL SIGNED BY HENRY SEXTON
DISTRICT 1 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 Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED
APR 3 1984
O.C.D.
HOBBS OFFICE