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

Getty Oil Company

Address
P.O. Box 730, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well	[ ]	Change in Transporter of:			
Recompletion	[X]	Oil	[ ]	Dry Gas	[ ]
Change in Ownership	[ ]	Casinghead Gas	[ ]	Condensate	[ ]

Other (Please explain)
Changed zones from Atoka to Wolfcamp
Request Allowable

If change of ownership give name and address of previous owner ____

CASINGHEAD GAS MUST NOT BE FLARED AFTER 5/24/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
West Jal B Deep	1	W. Jal Wolfcamp	State, Federal or Fee Fee	

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 [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
The Permian Corporation	P.O. Box 3119, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	17	25S	36E	NO	

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.
	X			X		X		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	3/26/84	18,945'	12,615'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3171' KB	Wolfcamp	11,416'	11,092'
Perforations			**Depth Casing Shoe**
11,416'-11,425', 19 holes, 2-SPF			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	767'	1700
17 1/2"	13 3/8"	5759'	5300
12 1/4"	10 3/4"	11,263	2950
9 1/2"	7 3/4"	14,685-10,917'	1300
6 1/2"	5"	198,930-14,332'	725

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
3/24/84	3/24/84	Flowing	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hours	1050#		24/64
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
	588	0	840 (Flaring)

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**

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.

Donald J. Steinmetz Dale R. Crockett
(Signature)
for Area Superintendent
(Title)
March 26, 1984
(Date)

JM

OIL CONSERVATION DIVISION

APPROVED MAR 27 1984, 19 ____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

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.