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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5-NMOC-D-HOBBS
1-MR. FRANKA-TULSA
1-A. B. CARY-MIDLAND
1-JDM, ENGR.

1-BW, PROD. CLK
1-BB, ENGR. TECH
1-FILE

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

Operator
Getty Oil Company

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

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of Oil	☐	Dry Gas	☐
Recompletion	☐	Casinghead Gas	☐	Condensate	☐
Change in Ownership	☐				

Other (Please explain)
Connected to sale line 10:30 a.m. 7-9-80

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. W. Sherrell	Well No. 10	Pool Name, including Formation Jalmat (Gas)	Kind of Lease Standard Fee	Lease No.
Location Unit Letter C ; 660 Feet From The North Line and 2000 Feet From The West Line of Section 6 Township 25-S Range 37-E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co.	P. O. Box 1384, Jal, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	7-9-80

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Surge Reservoir	Drill. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, 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			

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 of hole 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/MCF	Gravity of Condensate
Testing Method (pilot, 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.

Dale R. Crockett:

(Signature)

Area Superintendent

(Title)

7/9/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED

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 deep well, this form must be accompanied by a tabulation of fluid level tests taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for all wells on new and recompleting wells.

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of credit.