

DISPOSITION	
APPLICABLE	
FILE	
S.G.S.	
AND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
REGISTRATION OFFICE	
REGULATOR	

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

5 - NMOCD - Hobbs
1 - File
1 - Midland

Form O-104
Supersedes OIA O-103 and O-1
Effective 1-1-65

GETTY OIL COMPANY

P.O. BOX 730, Hobbs, NM 88240

Reason(s) for filing (Check proper box)

New Well Change in Transporter of Oil Other (Please explain)

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

Change of ownership give name and address of previous owner: **Getty Reserve Oil, Inc., 312 HBF Bldg., Midland, TX 79701**
This change effective 8/1/80

DESCRIPTION OF WELL AND LEASE

Well Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Cooper Jal Unit	219	Jalmat	State, Federal or Fee Federal	063965

Section: Unit Letter **P**; **330** Feet From The **South** Line and **660** Feet From The **East**

Line of Section **24** Township **24-S** Range **36-E**, **NMPM**, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Shell Pipe Line Company Address (Give address to which approved copy of this form is to be sent)
Box 2648, Houston, TX 77001

Name of Authorized Transporter of Casinghead Gas or Dry Gas
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
Box 1492, El Paso, TX 79978

Well produces oil or liquids, or location of tanks. Unit **J** Sec. **24** Twp. **24-S** Rce. **36-E** Is gas actually connected? **Yes** When **Unknown**

This production is commingled with that from any other lease or pool, give commingling order number: **R-663**

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.D.T.D.
Conditions (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Information	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

Total Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

AS WELL,

Total Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Producing Method (flow, back pr.) Tubing Pressure (lb/in²-in) Casing Pressure (lb/in²-in) Choke Size

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.

Alexander
(Signature)
AREA SUPERINTENDENT
(Title)

OIL CONSERVATION COMMISSION

APPROVED SEP 23 1980, 19__

BY **John Runyan**
Geologist

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated 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 reworked wells.