

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-101 Supersedes Old C-101 and C-1 Effective 1-1-65	
DISTRIBUTION		REQUEST FOR ALLOWABLE AND			
SANTA FE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
FILE		5 - NMOCD - Hobbs			
U.S.G.S.		1 - File			
LAND OFFICE		1 - Midland			
TRANSPORTER		OIL			
OPERATOR		GAS			
PRODUCTION OFFICE					
Operator					
GETTY OIL COMPANY					
P.O. BOX 730, Hobbs, NM 88240					
Reason(s) for filing (Check proper box)					
New Well		Change in Transporter of:		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					
Lease Name		Well No.		Pool Name, including Formation	
Cooper Jal Unit		201		Jalmat	
Location		Kind of Lease		Lease No.	
		State, Federal or Fee		Fee	
Unit Letter A : 660 Feet From The North Line and 330 Feet From The East					
Line of Section 24 Township 24-S Range 36-E, NMPM, Lea County					
WATER INJECTION WELL					
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)	
Well produces oil or liquids, give location of tanks.		Unit		Sec.	
		Twp.		Pce.	
		Is gas actually connected?		When	
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	
		Stim. Res'v.		Diff. Res'v.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth	
				P.D.T.D.	
Elevations (DF, RKB, RT, CR, etc.)		Name of Producing Formation		Top Oil/Gas Pay	
				Tubing Depth	
Elevations				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 load 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.	
				Gum-MCF	
TEST WELL					
Total Prod. Test-MCF/D		Length of Test		Bbls. Condensate/MMCF	
				Gravity of Condensate	
Producing Method (flow, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)	
				Choke Size	
CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.					
APPROVED _____, 19__					
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 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 allowables on new and recompleted wells.					
AREA SUPERINTENDENT					
September 22, 1980					