

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C-111	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE		5 - NMOC - Hobbs			
TRANSPORTER		1 - File			
OIL		1 - Midland			
GAS					
OPERATOR					
PRODUCTION OFFICE					
Operator		GETTY OIL COMPANY			
Address		P.O. Box 730, Hobbs, NM 88240			
Reason(s) for filing (Check proper box)		Other (Please explain)			
New Well ☐		Change in Transporter of:			
Recompletion ☐		Oil ☐		Dry Gas ☐	
Change in Ownership ☒		Casinghead Gas ☐		Condensate ☐	
If 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		120		Langlie Mattix	
Location		Kind of Lease		Fee	
Unit Letter C		State, Federal or Fee		Fee	
660 Feet From The North Line and 1980 Feet From The West					
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)	
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
		Twp.		Rge.	
		Is gas actually connected?		When	
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, 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	
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				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 above 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 allowance 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 conditions.					
AREA SUPERINTENDENT					
(Signature)					
September 19, 1980					
(Date)					