

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Superseding Old C-104 and C-11 Effective 1-1-65	
SANTA FE		REQUEST FOR ALLOWABLE			
FILE		AND			
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE		5 - NMOCD - Hobbs			
TRANSPORTER		1 - File			
OIL		1 - Midland			
GAS					
OPERATOR					
PROBATION OFFICE					
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:		Other (Please explain)	
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		135		Langlie Mattix	
Location		Kind of Lease		Fee	
Unit Letter		State, Federal or Fee		Lease No.	
O		990		Feet From The South Line and 1980 Feet From The East	
Line of Section		Township		Range	
24		24-S		36-E	
		NMPM,		Lea County	
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)	
Shell Pipe Line Company				Box 2648, Houston, TX 77001	
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 Company				Box 1492, El Paso, TX 79978	
If well produces oil or liquids, give location of tanks.		Unit		Sec.	
		J		24	
		Twp.		Rge.	
		24-S		36-E	
		Is gas actually connected?		When	
		Yes		Unknown	
If 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	
		Surge Res'v.		Eff. 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		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/MCF	
				Gravity of Condensate	
Testing Method (flow, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
				Choke Size	
CERTIFICATE OF COMPLIANCE					
OIL CONSERVATION COMMISSION					
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 deviator tests taken on the well in accordance with RULE 111.					
All portions 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					