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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

Form O-104
Supersedes OIL C-104 and C-11
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
0+3 - NMOCD 1-BWI-Foreman
1-Mr. Frnka-Tulsa 1-BB-Ofc. Tech
1-A.B. Cary-Midland
1-File
1-JDM-Engr.

Operator GETTY OIL COMPANY

Address P.O. BOX 730, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well ☐	Change in Transporter of: ☐	Change in name from Myers Langlie	
Recompletion ☐	Oil ☐ Dry Gas ☐	Mattix Unit Well No. 234 to Myers	
Change in Ownership ☐	Castinghead Gas ☐ Condensate ☐	Langlie Mattix Unit Well No. 999	

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Myers Langlie Mattix Unit	Well No. 999	Pool Name, including Formation Langlie Mattix (Queen)	Kind of Lease State, Federal or Fee	Fee --
Location				
Unit Letter L	1980	Feet From The South	Line and 660	Feet From The West
Line of Section 8	Township 24S	Range 37E	N.M.S.M. Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

TA

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 Castinghead 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.	Pge.
	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 Foot	Part. H.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RND, RT, GR, 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 test 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/Bbl. DF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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.

Date 
R. Crockett (Signature)

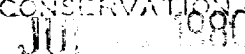
AREA SUPERINTENDENT

(Title)

July 7, 1980

(Date)

OIL CONSERVATION COMMISSION

APPROVED  19

BY Jerry Sexton
TITLE Dist. 1, Supv.

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 results taken on the well in accordance with RULE 111.

All entries on this form must be filled out completely for allowable on new and reworked wells.

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