

Form C-104
Supersedes Old C-104 and is Effective 1-1-65

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

TRANSPORTER
OIL
GAS

OPERATOR

PRODUCTION OFFICE

Operator
Getty Oil Company

Address
P. O. Box 1351, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)
Skelly Oil Company merged with Getty Oil Company effective 1-31-77

If change of ownership give name and address of previous owner
Skelly Oil Company, P. O. Box 1351, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Myers Langlie-Matrix Unit

Well No.
215

Pool Name, including Formation
Langlie-Matrix

Kind of Lease
State, ☒ Federal or Fee

Lease No.
NM0321613

Location
Unit Letter F; 1980 Feet From The NORTH Line and 1980 Feet From The WEST

Line of Section 8 Township 24S Range 37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas - New Mexico Pipeline Company

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1510 Midland Texas 79702

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)
P. O. Box 1492, El Paso, Texas 79999

If well produces oil or liquids, give location of tanks.
Unit C Sec. 8 Twp. 24S Rge. 37E

Is gas actually connected? Yes When UNKNOWN

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)

Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.

Elevations (DF, RKB, 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

V. 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 (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.

(SIGNED) LELAND FRANZ

(Signature) Leland Franz
District Production Manager
(Title)
February 1, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____

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 allowable on new and recompleted wells.

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