

NO. OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION	Form C-104
DISTRIBUTION		REQUEST FOR ALLOWABLE	Superseded by OIA C-101 and C-11
SANTA FE		AND	Effective 1-1-65
FILE		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
U.S.G.S.		014-NMOCC-Hobbs	1-File
LAND OFFICE		1-R. J. Starrak-Tulsa	1-BH
TRANSPORTER	OIL	1-A. B. Cary-Midland	1-EB, Engr.
	GAS	10-WIO	1-HCL, Foreman
OPERATOR		1-Energy Resources Bd., % NMOCC, Box 2088, Santa Fe, NM 87501	
PRODUCTION OFFICE			
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:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Coalbed Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Myers Langlie Mattix Unit	131	Langlie Mattix	State, Federal or Fee	-
Location				
Unit Letter	B	660 Feet From The	North Line and	1980 Feet From The
Line of Section	5	Township	24-South	Range
			37-East	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)			
Texas New Mexico Pipeline Co.	P. O. Box 1510, Midland, Texas 79702			
Name of Authorized Transporter of Coalbed Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Co.	P. O. Box 1492, El Paso, Texas 79999			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Reg.
	G	5	24S	37E
Is gas actually connected?	When			
Yes	8-29-78			

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

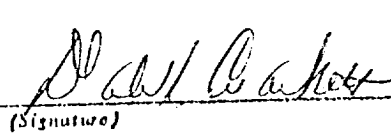
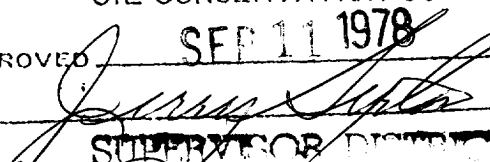
COMPLETION DATA				
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover
X	X		X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
7-5-78	8-25-78	3755'	3715'	
Elevations (DE, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
3291' GL	Queen	3472'	3646'	
Perforations	Depth Casing Shoe			
3472, 76, 82, 87, 92, 3507, 20, 25, 36, 47, 54, 3601, 16, & 21 = 14 (.38") holes	3760'			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11"	8-5/8	516	300 sxs. Cmt. circulated
7-7/8"	5-1/2	3755	850 sxs. Cmt. circulated
	2-3/8	3646	

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.)	
8-29-78	9-2-78	Pump 2" x 1 1/2" x 16'	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs	-	-	-
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
174	137	37	20

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Dbls. 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	
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 SEP 11 1978	
Dale R. Crockett: 		BY 	
Area Superintendent		TITLE SUPERVISOR DISTRICT 1	
September 8, 1978		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 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 conditions.	