DISTRIBUTION  SANTA PE  FILE  U,5.G.5.	REQUEST F	NSLEWATION COMPESSION OR ALLOWABLE AND ISPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65
CAND OFFICE  I HANSPORTER OIL  GAS  OPERATOR  PROBATION OFFICE	l-Adm. Unit-Midland	l—Engr.—JDM l—BWI—MIMU 0—WIO's	
Operator	GETTY OIL COMPANY		
Address	P.O. Box 730, Hobbs, NM	88240	
Reason(s) for filing (Check proper box)  New Woll  Recompletion  Change in Ownership  If change of awnership give name	Change in Transporter of: OII Dry Gas Casinghead Gas Condens	<b>一</b>	
and address of previous owner			
DESCRIPTION OF WELL AND L Leave Name Myers Langlie Mattix Uni	Wall No. Pool Name, Inc. 231ng Pol	rmation Kind of Lease State, Federal	
Unit Letter F : 198	O Feet From The North Line	and 1980 Feet From T	he <u>West</u>
_		37E , NMPM, Lea	County
	ER OF OIL AND NATURAL GAS	5	•
Name of Authorized Transporter of Oil Texas New Mexico Pipelin	or Condensate	P.O. Box 1510. Midland.	TX 79702
Name of Authorized Transporter of Cas	Inghead Gas XX or Dry Gas	Address (Give address to which approv	red copy of this form is to be sent)
El Paso Natural Gas Comp	Unit Soc. Twp. Pge.	P.O. Box 1492, E1 Paso,	
If well produces all or liquids, give location of tanks.	G 5 24S 37E	i de la constant de l	
If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g	New Well Workover Deepen	Plug Back   Same Resty.   Diff. Resty.
Designate Type of Completio	n - (X) $XX$	XX	P.B.T.D.
Date Spudded 12/8/80	Date Compl. Ready to Prod. 3/4/81	Total Depth 3760 *	
Elevations (DF, RKB, RT, GR, etc.) 3264' GL	Name of Producing Formation  Oueen (of fat)	Top 09/Gas Pay 3445	Tubing Depth
Perforations 1 SPF - 3445, 61, 62, 64, 66, 69, 72, 74, 76, 80, 85, 89, 96,			
3535, 40, 42, 44, 46, 48	1, 56, 58, 60, 64, 66, 68 TUBING, CASING, AND	, 70, 72 - 27 (.50") hold CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	оертн set 512	SACKS CEMENT 350 SXS.
12 1/4	8 5/8 5 1/2	3775	1400 sxs.
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to ar exceed top allowable for this depth or be for full 24 hours)			
Oil, WELL, Date First New Oil Run To Tanks	Date of Tost	Producing Method (Flew, pump, gas li)	jt, etc.)
3/4/81 Langth of Test	3/16/81 Tubing Pressure	Carius biosema	Choke Size
24 hrs.		Water-Dbis.	Gan-MCF
Actual Pred, During 7021 52	011-Bble. 44	8	465
GAS WELL			Gravity of Condensate
Actual Frod. Tost-MCF/D	Length of Tost	Bbla. Condensate/MMCF	
Teating hielhod (pilot, back pr.)	Tubing Prossure (5Dut-in)	Casing Pressure (Ehut-in)	Choke Size
CERTIFICATE OF COMPLIANCE		ATION COMMISSION	
I hereby cartify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED. 19	
		BY Jeste A dements	
Λ <sub>2</sub>		TITLE OTT	11.20
Noull Colote		II	compliance with RULE 1104.  walls for a newly dillied or despense that he a tribulation of the deviation
Dale R. Crockett (Signuture)		well, this form must be accompanied by a think HULC 111.	
Area Superintendent		All portions of thir form must be filled out completely for allow	
March 26 1981		Fill out only Sections I. H. III. and VI for changes of owner well name or number, or transporter, or other such change of condition	
	nte)	Avail trains of immuse, of complex	