| | | | | 1 | | | |
|---------------------------------|---|-------|-----|------|--|--|--|
| | DISTRIBUTION | | | | | | |
| 1. | SANTA FE | | | | | | |
| | FILE | | | | | | |
| | U.S.G.S. | | | | | | |
| | LAND OFFICE | | | | | | |
| | FRANSPORTER | CIL | | | | | |
| | | GAS | | | | | |
| | OPEF - TOR | | | | | | |
| | PROPATION OFFICE | | | | | | |
| | Operator | | | | | | |
| | Getty Reserve O | | | | | | |
| | Address | | | | | | |
| | 312 HBF Buildin | | | | | | |
| | Reason(s) for filing (Check proper box) | | | | | | |
| | New Well | | | | | | |
| | Recompletion | | | | | | |
| | Change in Ownership | | | | | | |
| If change of ownership give nar | | | | | | | |
| and address of previous owner | | | | | | | |
| II. | DESCRIPTION O | F WEL | L A | ND L | | | |

NEW MEXICO OIL CONSERVATION COMMISSION

| | SANTA FE FILE | REQUEST | FOR ALLOWABL AND | Supersedes Old C-104 and C- | | | | |
|---|---|---|---|---------------------------------------|--|--|--|--|
| | U.S.G.S. | AUTHORIZATION TO TR | Effective 1-1-65 | | | | | |
| | LAND OFFICE | | THE THE THE | ONJ | | | | |
| | TRANSPORTER GAS | - | | | | | | |
| | OPEF - TOR | | | | | | | |
| I. | PHOS ATION OFFICE Operator | | | | | | | |
| | Getty Reserve Oil, Inc. | | | | | | | |
| | 312 HBF Building, Midland, Texas 79701 | | | | | | | |
| | Reason(s) for filing (Check proper box) Other (Please explain) | | | | | | | |
| | New Well Recompletion | Change In Transporter of: OII Dry G | Gas Change effect | ive 1 -23 .80 | | | | |
| | Change in Ownership | | ensate | 170 1-23-00 | | | | |
| | If change of ownership give name | Reserve Oil Inc | 312 HBF Building, Mid | land T 70701 | | | | |
| | and address of previous owner | | JIE HOL Dunding, Wild | land, lexas 19701 | | | | |
| 11. | DESCRIPTION OF WELL AND | LEASE Well No. Pool Name, Including I | Formution Kind of Lea | Se Lease No. | | | | |
| | Cooper Jal Unit | 154 Langlie Mat | State, Feder | | | | | |
| | Unit Letter G: 155 | Feet From The North Li | ne and 2400 Feet From | East | | | | |
| | 25 | 24 5 | | 110 | | | | |
| | Line of Section 25 To | waship 24-5 Range | 36-E , NMPM, | Lea County | | | | |
| III. | DESIGNATION OF TRANSPORT | TER OF OIL AND NATURAL G | AS Address (Give address to which appro | | | | | |
| | Shell Pipe Line Comp | pany | Box 2648, Houston | TX 77001 | | | | |
| | Name of Authorized Transporter of Car El Paso Natural Gas | | Address (Give address to which appro | oved copy of this form is to be sent) | | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. Rge. | Box 1492, El Paso, Is gas actually connected? W | , TX 79978 nen | | | | |
| | give location of tanks. | J 24 24S 36E | Yes | 5-11-79 | | | | |
| 1V. | If this production is commingled with that from any other lease or pool, give commingling order number: R-663 COMPLETION DATA | | | | | | | |
| | Designate Type of Completic | on - (X) Gas Well | New Well Workover Deepen | Plug Back Same Res'v. Dill. Res'v | | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | |
| | Flaustine /DE Di D DT CD | N | | | | | | |
| | Elevations (DF, RAB, RT, GR, etc.) | Name of Producing Formation | Top Otl/Gas Pay | Tubing Depth | | | | |
| | Perforations | | | Depth Casing Shoe | | | | |
| | | TUBING, CASING, AND | D CEMENTING RECORD | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | |
| | | | | | | | | |
| | | | | | | | | |
| v | TEST DATA AND DEOUTST DO | DALLOWARIE (T | <u> </u> | | | | | |
| ٠. | TEST DATA AND REQUEST FOR ALLOWABLE (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 Tanke | Date of Test | Producing Method (Flow, pump, gas li | ft, etc.) | | | | |
| | Length of Teat | Tubing Presame | Coaing Pressure | Choke Size | | | | |
| | Actual Fied, During Test | Oil-Bbis. | Water-Bble. | Gas-MCF | | | | |
| | | | | | | | | |
| | GAS WELL | | | | | | | |
| [| Actual Prod. Test-MCF/D | Longth of Tost | Bbls. Condensate/MMCF | Gravity of Condensate | | | | |
| [| Teating Method (pitol, back pr.) | Tubing Procesure (Shut-in) | Cosing Pressure (Shut-in) | Choke Size | | | | |
| | | | | | | | | |
| VI. | CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Commitment have been complied with and that the information given above is the and complete to the best of my knowledge and belief, | | | APPROVED Orig. Signed 19 | | | | | |
| | | | DYIerry Sexton | | | | | |
| | | | TITLE Dist I, Supr. | | | | | |
| | ۸۸ ~ | 00 00 | | omplience with nul E 1104. | | | | |
| | Clarence R. | Chardle | If this is a request for allowable-for a newly drilled or despens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | | | | |
| | Assistant District Mar | · · · | | | | | | |
| - | (Tid. | :) | All asctions of this form must be filled out completely for allowable on now and recompleted wells. | | | | | |
| January 31, 1980 | | | 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 | | | | | |
| | | | Separate Forms C-104 must | he field for each pool in multiple | | | | |
| | | | | | | | | |