

## OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	Getty Oil Company
Address	P.O. Box 730, Hobbs, NM 88240
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## DESCRIPTION OF WELL AND LEASE

Lease Name Myers Langlie Mattix	Well No. 197	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee Fee	Lease No. -
Location				
Unit Letter <u>D</u> : <u>990'</u> Feet From The <u>North</u> Line and <u>660'</u> Feet From The <u>West</u>				
Line of Section <u>9</u> Township <u>24S</u> Range <u>37E</u> , NMPM, Lea County				

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510, Midland, TX 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1384, Jal, NM 88252	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. G 5 24S 37E	Is gas actually connected? When Yes 6-9-82

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input checked="" type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 5/20/82	Date Compl. Ready to Prod. 6/9/82		Total Depth 3705'		P.B.T.D. 3705'			
Elevations (DF, RKB, RT, GR, etc.) 3275.1 KB	Name of Producing Formation Queen		Top Oil/Gas Pay 3419		Tubing Depth 3496			
Perforations 3419-3705					Depth Casing Shoe 3500'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
7 7/8	4 1/2"	3500'	1100 SXS
3 7/8	Open hole	3705'	-

## 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 6-9-82	Date of Test 6-16-82	Producing Method (Flow, pump, gas lift, etc.) Pumping 2 x 1 1/2 x 20'	
Length of Test 24 hours	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test	Oil-Bbls. 62	Water-Bbls. 230	Gas-MCF -

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

D.R. Crockett (Signature)  
Area Superintendent

June 16, 1982

(Date)

## OIL CONSERVATION DIVISION

APPROVED JUN 17 1982, 19\_\_\_\_\_  
BY Les Clements  
Oil & Gas Insp.  
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 VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED

JUN 17 1992

U.S. GOVT.  
HONORS OFFICE