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LAND OFFICE		
TRANSPORTER — OIL		
TRANSPORTER — GAS		
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

5-NMOCD-Hobbs
1-W.A. Frnka-Tulsa
1-R.W. Blohm-Midland
1-BWI-MLMU
1-File
1-JDM-Engr.
9-WIO's

Operator: GETTY OIL COMPANY

Address: P.O. BOX 730, Hobbs, N.M. 88240

Reason(s) for filing (Check proper box)
New Well: XX
Recompletion: ☐
Change in Ownership: ☐
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

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	234	Langlie Mattix-Queen	XXXXXXXXXX Fee	-

Location
Unit Letter L : 1980 Feet From The South Line and 760 Feet From The West
Line of Section 8 Township 24-S Range 37-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate ☐: Texas-NM Pipeline Company
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 XX or Dry Gas ☐: El Paso Nat'l 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	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	12/10/80

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	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
10/25/80	12/10/80	3772'	3727'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3303' G.L.	Queen OK JS	3413'	3704'

Perforations: 3413, 15,27,32,44,45,52,56,57,61,72,74,76,78,84,93,95, 96,97, 3501,05,06,08,10,14,30,37,39,42,43,44,49,51,55,62,63,65 3606, 09,20,21,23,25,27,32,35,43,45,49,52,54,56,and59 = 54 (.51") holes — Depth Casing Shoe: 3772'

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	517	250 sxs.
7 7/8	5 1/2	3772	1900 sxs.
	2 7/8	3704	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12/10/80	12/10/80	Pump	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
22 1/2 hrs.	-	-	-
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
483	279	204	248

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**

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.

Dale R. Crockett (Signature)
Area Superintendent (Title)
12/12/80 (Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 16 1980, 19
BY SUPERVISOR, DISTRICT II
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.