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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	4
PRODUCTION 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-1
Effective 1-1-65

ILLEGIBLE

I. Operator
Getty Oil Company
Address
P. O. Box 3360, Casper, WY 82602
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner
Skelly Oil Company, Box 3360, Casper, WY 82602

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Prod. Name, Including Formation	Kind of Lease	Lease No.
Jicarilla "D"	2	South Lindrith Gallup-Dak.	State, Federal or Fee Fed. Cont.	44
Location Unit Letter A ; 990 Feet From The North Line and 990 Feet From The East Line of Section 5 Township 23N Range 4W, NMFM, Rio Arriba County				

III. 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)			
Plateau, Inc.	Box 108, Farmington, NM 87401			
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)			
None				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range
	A	5	23N	4W
Is gas actually collected?		When		

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Prod'n.	Drill Prod'n.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., F.M., A.T., G.R., etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. 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 test allowable for this depth or be for full 24 hours)

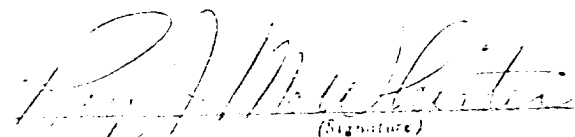
Time First New Oil Ran To Tanks	Date of Test	Flowing Method (Flow, pump, gas lift, etc.)	
Length of Test	Flowing Pressure	Casing Pressure	Coke Size
Actual Prod. During Test	Oil-Eqvt.	Water-Eqvt.	GUR-MCF

GAS WELL

Actual Prod. During Test	Length of Test	Prod. Condensate/MCF	Gravity of Condensate
Flowing Method (pump, gas lift, etc.)	Flowing Pressure (psig-in)	Casing Pressure (psig-in)	Coke Size

VI. 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.


(Signature)

Area Superintendent
(Title)

2/9/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED , 19

BY ORIGINAL SIGNATURE OF R. E. HANCOCK, JR.

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 logs taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowables 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 Forms C-104 must be filed for each pool in multiple completions.