

NO. OF OFFICE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. PRODUCTION OFFICE <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px; vertical-align: middle;"></span>	
Operator	
Getty Oil Company	
Address	
P.O. Box 3360, Casper, WY 82602-3360	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>
Previous Transporter was <u>Platteau</u> <del>Platteau</del> Corp.	

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.	Pool Name, Including Formation	Kind of Lease	Lease No.
Mexico Federal G	1	Devils Fork Gallup	State, Federal or Fee Fed SF	079086
Location				
Unit Letter <u>F</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u>				
Line of Section <u>18</u> Township <u>24N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Giant Refining Co.					Box 256, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company					Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	18	24N	6W	Yes	

If this production is commingled with that from any other lease or pool, give commingling order number: January 24, 1961

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, 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			

RECEIVED

#### V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load pile and must be equal to or exceed top allowable for this depth or be for full 2. hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	<div style="text-align: center;"> <b>OIL CON. DIV.</b>  <b>DIST. 3</b> </div>
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

## 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

## I. 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.

*(Signature)*

Area Superintendent  
(Title)

7-5-83

(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 8 1983, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #

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 Forms C-104 must be filed for each pool in multiply completed wells.