

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

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	3
REGISTRATION OFFICE	

Operator
Getty Oil Company

Address
Box 3360, Casper, WY 82602

Person(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:
Oil ☐
Casinghead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

Change by Trans.

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.
Jicarilla "B"	9	Otero Gallup	State, Federal or Fee Fed. Cont.	#68
Location				
Unit Letter	0	Feet From The	South	Line and
	660		1980	Feet From The
			East	
Line of Section	31	Township	25N	Range
			5W	NWPM,
			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)
El Paso Natural Gas Co.	Box 990, Farmington, NM 87401
If well produces oil or condensate, give location of tanks.	Unit Sec. Twp. Rge.
	B 28 25N 5W
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	Some Resrv.	Diff. Resrv.
Surface Prod.	Complete	Ready to Prod.	Total Depth	P.B.T.D.				
Production: Oil, or E. AT, GR, etc.,	Name of Producing Formation		Top Oil/Gas Pay	Testing Depth				
Perforations				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

POLE 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 lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

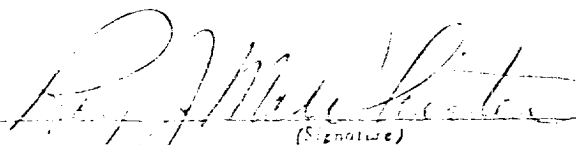
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Testing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Boils.	Water-Boils.
		Choke Size

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Boils. Condensate, MMCF	Gravity of Condensate
Testing Pressure (psia, test ps.)	Testing Pressure (Chart-In)	Casing Pressure (Chart-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.



Area Superintendent

(Title)

2/9/77

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

ORIGINAL SIGNED BY H. E. MAXWELL, JR.

BY _____

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

