

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	3
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-110
Effective 1-1-65

Getty Oil Company	
Address Box 3360, Casper, WY 82602	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: ☐
Re-completion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Consolidated Gas ☐ Condensate ☐
Other (Please explain) Add L.G. Trans. PLA	

If change of ownership give name and address of previous owner: Skelly Oil Company, Box 3360, Casper, WY 82602

DESCRIPTION OF WELL AND LEASE	
Lease Name Jicarilla C	Well No. 9
Pool Name, including Formation Otero Chacra	
Kind of Lease State, Federal or Free Fed. Cont.	
Lease No. #34	
Location	
Unit Letter K	Feet From The 1450
Feet From The South Line and 1450	
Feet From The West	
Line of Section 28	Township 25N
Range 5W	County Rio Arriba

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) Box 108, Farmington, NM 87401
Name of Authorized Transporter of Consolidated Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, NM 87401
Name of Operator El Paso Natural Gas Co.	Is gas actually consigned? Yes
Unit J	Sec. 28
Twp. 25N	Range 5W

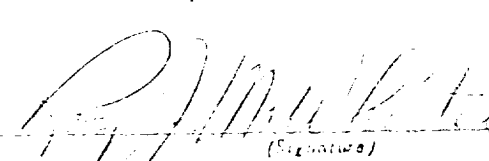
If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'ty. ☐ Diff. Res'ty. ☐
Date of Completion	Date of Completion
Total Depth	P.B.T.D.
Formation (L.F., A.S., RT, Sh, etc.)	Name of Producing Formation
Top Oil/Gas Pay	Testing Depth
Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed test allowable for the 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.)	
Length of Test	Testing Pressure
Casing Pressure	Choke Size
Actual Flow During Test	Oil Rate
Water Rate	Gas Rate
GAS WELL	
Actual Flow Test - MCF/D	Length of Test
Blk. Condensate/MCF	Gravity of Condensate
Testing Pressure (psia, back pr.)	Testing Pressure (psia-in)
Casing Pressure (psia-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	
(Date) 2/9/77	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19	
BY 	
PETROLEUM ENGINEER DIST. NO. 3	
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 multiply completed wells.	

