

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

ILLEGIBLE

SAINT FE	1
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	3
PROBATION OFFICE	

Getty Oil Company

Address
Box 3360, Casper, WY 82602

Proposer(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Oil Dry Gas
 Recombination Oil Condensate
 Change in Ownership Cost-shared Gas *Add liq. trans*

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.: 24 Pool Name: Stero Chacra Kind of Lease: Fed. Cont. Lease No.: #34

Location: Unit Letter: F ; 1980 Feet From The North Line and 1980 Feet From The West

Line of Section: 27 Township: 25N Range: 5W, NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : Plateau, Inc. Address (Give address to which approved copy of this form is to be sent): Box 108, Farmington, NM 87401

Name of Authorized Transporter of Oil or Gas or Dry Gas : El Paso Natural Gas Co. Address (Give address to which approved copy of this form is to be sent): Box 990, Farmington, NM 87401

Is gas actually transported? Yes

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 Well over Deepen Plug Back Some Res'n/ Dm. R-5/V

Date of Completion: [] Date Compl. Ready to Prod. Total Depth P.B.T.D.

Formation (MF, FAE, RT, CR, etc.) Name of Producing Formation True Oil/Gas Pay True Depth

Depth of Completion: [] Depth of Completion: []

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of liquid oil and must be equal to or exceed any 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 Trueing Pressure Casing Pressure Choke Size

Action First Casing Test Oil-Brine Water-Brine G/L-MCF

GAS WELL

Action First Test-MCF/D Length of Test Brine Condensate/MCF Gravity of Condensate

Trueing Method (Flow, back pt.) Trueing Pressure (Shot-in) Casing Pressure (Shot-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.

[Signature]
(Signature)

Area Superintendent
(Title)

2/9/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19

BY ORIGINAL SIGNED BY M. E. MAXWELL, 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 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 drilled wells.

