

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-1-76

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Getty Oil Company	
Address P.O. Box 3360, Casper, Wyoming 82602	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Farming "E"	Well No. 4	Pool Name, including Formation Devils' Fork Gallup	Kind of Lease <del>Other</del> State	Lease No. 1207
Location Unit Letter <u>D</u> : <u>1450</u> Feet From The <u>North</u> Line and <u>920</u> Feet From The <u>West</u>				
Line of Section <u>2</u> Township <u>24N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26251, Albuquerque, NM 87125					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 2	Twp. 24N	Rge. 6W	Is gas actually connected? Yes	When 4-19-83

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'tv.	Diff. Res'tv. <input checked="" type="checkbox"/>
Date Spudded 10/3/80	Workover began 4-1-83	Date Compl. Ready to Prod. 4-14-83	Total Depth 6825'		P.B.T.D. 6004' cmt. ret.			
Elevations (DF, RKB, RT, GR, etc.) 6429' GR	Name of Producing Formation Gallup		Top Oil/Gas Pay 5477'		Tubing Depth 5574'			
Perforations 5477' - 5693'					Depth Casing Shoe 6825'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8", 24#		328'		225			
7 7/8"	5 1/2", 14 & 15.5#		6825'		1477			
---	2 3/8", 4.7#		5574'		---			

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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-20-83	Date of Test 4-20-83	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 3 hours	Tubing Pressure 140 psi	Casing Pressure 1000 psi	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 25 BO	Water-Bbls. 0 BW	Gas-MCF 335 MCFPD

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.

W. B. Bon  
(Signature)  
Area Superintendent  
(Title)  
4-22-83  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_  
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.