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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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-11.
Effective 1-1-65

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 checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Have filed for Commingling Order
Recompletion <input type="checkbox"/>		
Change in Ownership <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. 1-E	Pool Name, Including Formation Gallup Dakota	Kind of Lease State, Federal or Fee State	Lease No. E-1207
Location Unit Letter <u>I</u> ; <u>1800</u> Feet From The <u>south</u> Line and <u>930</u> Feet From The <u>east</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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 108					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	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 I	Sec. 2	Twp. 24N	Pge. 6W	Is gas actually connected? No	When 1-1-80

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 9-11-80	Date Compl. Ready to Prod. 12-10		Total Depth 7060		P.B.T.D. 7015			
Elevations (DF, RKB, RT, GR, etc.) 6618' GR	Name of Producing Formation Gallup Dakota		Top Oil/Gas Pay 6753' Gallup 5643', Dakota		Tubing Depth 6030'			
Perforations Gallup 5643-5859'	Dakota 6753-6872'				Depth Casing Shoe 7060			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8-24#		328		275			
7 7/8"	5 1/2 -14 & 15.5#		7060		1367			
	2 3/8 - 1 1/2"		6030					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 11-25-80	Date of Test 12-17-80	Producing Method (Flow, pump, gas lift, etc.) Flow thru Casing	
Length of Test 3 hours	Tubing Pressure (Flowing Casing) 240	Casing Pressure N/A	Choke Size 28/64"
Actual Prod. During Test Gallup	Oil - Bbls. 98	Water - Bbls. 0	Gas - MCF 334

GAS WELL 12-10-80

Actual Prod. Test-MCF/D Dakota 895 CAO F	Length of Test 3 hours	Bbls. Condensate/MMCF 112 MCF	Gravity of Condensate -
Testing Method (pilot, back pr.) BP	Tubing Pressure (Shut-in) 2149	Casing Pressure (Shut-in) Packer	Choke Size 3/4"

VI. 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.

D & Ceb
(Signature)

Area Superintendent

12-18-80
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____

BY _____

TITLE DEPUTY COMMISSIONER #3

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.