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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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

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:
Recompletion <input 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

I. 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	Lease No. E-1207
Location Unit Letter I ; 1800 Feet From The South Line and 930 Feet From The East				
Line of Section 2 Township 24N Range 6W , NMPM, Rio Arriba County				

I. 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, Farmington, New Mexico 87401					
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, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 2	Twp. 24N	Rge. 6W	Is gas actually connected? No	When

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

II. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-11-80	Date Compl. Ready to Prod. 12-10-80		Total Depth 7060'		P.B.T.D. 7015'			
Elevations (DF, RKB, RT, GR, etc.) 6618' GR	Name of Producing Formation Dakota		Top Oil/Gas Pay Dakota 6753'		Tubing Depth 6628'			
Perforations 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 sx			
7 7/8"	5 1/2" - 14 & 15.5#		7060'		1367 sx			
	2 3/8" - 1 1/2"		6628					
2 3/8" run to 6011' with 617' of 1 1/2" run thru packer at 6030'								

III. 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)

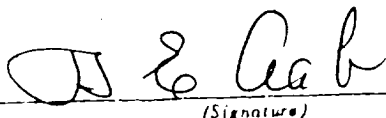
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL 12-10-80

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

I. 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)

4-30-81

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 4 1981, 19
BY DAVEZ

TITLE SUPERINTENDENT

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.