

OIL CONSERVATION DIVISION

P O BOX 2088

SANTA FE NEW MEXICO 87501

Form C-104
Revised 10-1-78

DISTRIBUTION	
SANITARY	
FILE	
USE	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Getty Oil Company</u>	
Address <u>P.O. Box 3360, Casper WY 82602-3360</u>	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	Previous condensate transporter was Plateau, Inc., now it is Permian Corporation
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☒	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Farming "E"</u>	Well No. <u>1E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease <u>XXXXXX</u>	State <u>WY</u>	Lease No. <u>E-1207</u>
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					

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)
<u>Permian Corporation</u>	<u>P.O. Box 1528, Denver, CO 80201</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Company</u>	<u>P.O. Box 990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>I</u> <u>2</u> <u>24N</u> <u>6W</u> <u>Yes</u> <u>5-12-81</u>

(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 Reservoir	Diff. Res.
Date Spudded	Date Comm. Ready to Prod.		Total Depth		P.B.T.D.			
Deviation (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
IL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top ulle able for this depth or be for full 24 hours)

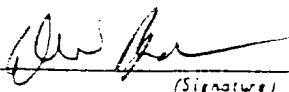
1st Test New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Prod. Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

Prod. 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

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 is true and complete to the best of my knowledge and belief.



Area Superintendent

(Title)

10-18-84

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 23 1984, 19BY Frank J. [Signature]TITLE SUPERVISOR DISTRICT # 2

This form is to be filled 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 deviated 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 filled for each pool in multipl completed wells.