

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70

Revised Copy
Note: For Oil &
Natural Gas

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Getty Oil Company	
Address P.O. Box 3360, Casper, WY 82602	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "C"	Well No. 14-E	Pool Name, Including Formation Basin Dakota	Kind of Lease XXXXXX Jicarilla Apache	Lease No. Cont. #34
Location Unit Letter <u>D</u> ; <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>25N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau Incorporated	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26251 Albuquerque, New Mexico 87125			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	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 D	Sec. 27	Twp. 25N	Rge. 5W
Is gas actually connected?		When		
No		---		

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 5-13-81	Date Compl. Ready to Prod. 7-24-81	Total Depth 7260'		P.B.T.D. 7205'					
Elevations (DF, RKB, RT, GR, etc.) 6660' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6972'		Tubing Depth 6991'					
Perforations 6972'-7158' Dakota		Depth Casing Shoe 7256'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8" 24.0#		383'		365 sx.				
7 7/8"	5 1/2" 14 & 15.5#		7256'		1325 sx.				
---	2 1/16" 3.25#		6991'		---				

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	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

SEP 28 1981
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 294	Length of Test 3 hours	Bbls. Condensate/MCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) BP	Tubing Pressure (shut-in) 10#	Casing Pressure (shut-in) Packer	Choke Size 48/64"

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.



Area Superintendent
(Title)

9/2/81
(Date)

OIL CONSERVATION DIVISION

APPROVED

SEP. 28 1981

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

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.