

OIL CONSERVATION DIVISION  
P O BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

|                   |     |
|-------------------|-----|
| DISTRIBUTION      |     |
| FILE              |     |
| U.S.G.            |     |
| LAND OFFICE       |     |
| TRANSPORTER       | OIL |
|                   | GAS |
| OPERATOR          |     |
| PRODUCTION OFFICE |     |

Operator  
Getty Oil Company

Address

P.O. Box 3360, Casper, WY 82602-3360

Reason(s) for filing (Check proper box)

New Well ☐  
Recompletion ☐  
Change in Ownership ☐

Change in Transporter of:

Oil ☐  
Casinghead Gas ☐Dry Gas ☐  
Condensate ☒

Other (Please explain)

Previous condensate transporter was Plateau, Inc., now it is Permian Corp.

If change of ownership give name and address of previous owner

## DESCRIPTION OF WELL AND LEASE

|                                                                                                                          |                           |                                                     |                                    |                                |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------|------------------------------------|--------------------------------|
| Lease Name<br>C.W. Roberts                                                                                               | Well No.<br>6             | Pool Name, including Formation<br>Blanco Mesa Verde | Kind of Lease<br>XXXXXXXXXXXX Fed. | Lease No.<br>SF-079600         |
| Location<br>Unit Letter <u>G</u> : <u>1840</u> Feet From The <u>North</u> Line and <u>1730</u> Feet From The <u>East</u> | Line of Section <u>18</u> | Township <u>25N</u>                                 | Range <u>3W</u>                    | NMPM, <u>Rio Arriba</u> County |

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                                                         |                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/><br>Permian Corporation                 | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 1528, Denver, CO 80201    |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/><br>El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent)<br>P.O. Box 990, Farmington, NM 87499 |
| If well produces oil or liquids, give location of tanks.<br>Unit <u>G</u> Sec. <u>18</u> Twp. <u>25N</u> Rge. <u>3W</u>                                 | Is gas actually connected? <u>Yes</u> When <u>4-12-82</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)<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Reservoir, Diff. Res. | Date Spudded                | Date Compl. Ready to Prod. | Total Depth  | P.B.T.D.          |
| Elevations (D.F., R.A.B., R.T., G.R., etc.)                                                                                                                                                                                                                                                                     | Name of Producing Formation | Top Oil/Gas Pay            | Tubing Depth | Depth Casing Show |

| TUBING, CASING, AND CEMENTING RECORD |                      |           |              |
|--------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE                            | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|                                      |                      |           |              |
|                                      |                      |           |              |
|                                      |                      |           |              |

## 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)

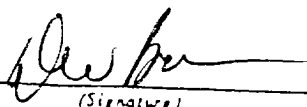
|                            |                 |                                               |
|----------------------------|-----------------|-----------------------------------------------|
| First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |
| Length of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

## AS WELL

|                                 |                           |                           |                       |
|---------------------------------|---------------------------|---------------------------|-----------------------|
| First Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Casing Method (pilot, back pr.) | Tubing Pressure (Shot-In) | Casing Pressure (Shot-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)

10-19-84

(Date)

## OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT # 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 deviated tests taken on the well in accordance with RULE 1111.

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 multiple completed wells.

