

OIL CONSERVATION DIVISION

P. O. BOX 7088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
SANITARY	
FILE	
LEGAL	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

1. Operator Getty Oil Company	
Address P.O. Box 3360, Casper, WY 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name C.W. Roberts	Well No. 6	Pool Name, Including Formation Ojito Gallup-Dakota	Kind of Lease XXXXXXX Federal	Lease No. SF 079600
Location 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				

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 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Bo 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 18	Twp. 25N	Rge. 3W	Is gas actually connected? No	When --

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-30-81	Date Compl. Ready to Prod. 10-29-81		Total Depth 8150'		P.B.T.D. 8106'			
Elevations (DF, RKB, RT, GR, etc.) 7103' GL 7115' KB	Name of Producing Formation (Comingled Downhole) Gallup-Dakota		Top Oil/Gas Pay 6940'		Tubing Depth 7658'			
Perforations 6940' - 7988' Gallup-Dakota					Depth Casing Shoe 8150'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8" 32#		293'		300 sx.			
8 3/4"	7" 23#		6160'		1100 sx.			
6 1/4"	4 1/2" Liner 11.6#		8150'		370 sx.			
--	2 3/8" 4.7#		7658'		--			

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 11/16/81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 3.25 hours	Tubing Pressure 200#	Casing Pressure Packer	Choke Size 24/64"
Actual Prod. During Test	Oil-Bbls. 35 BO	Water-Bbls. 26 BW	Gas-MCF 495 MCFD

GAS WELL

Actual 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

I. 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.

DeW Bann
(Signature)
Area Superintendent
(Title)
12/7/81
(Date)

OIL CONSERVATION DIVISION
2-18-82
APPROVED 11/16/81, 19_____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 2

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.

