

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. PRODUCTION OFFICE	
Operation	
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"/>	Gld
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	
Casinghead Gas <input type="checkbox"/>	
Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
C.W. Roberts	3-A	Blanco MesaVerde	<del>State</del> Federal	SF-079600
Location				
Unit Letter <u>L</u> : <u>1650</u> Feet From The <u>South</u> Line and <u>810</u> Feet From The <u>West</u>				
Line of Section <u>18</u> Township <u>25N</u> Range <u>3W</u> , NMPLM, <u>Rio Arriba</u> County				

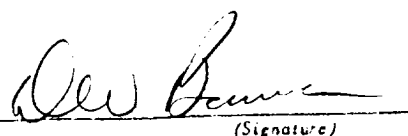
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Plateau, Incorporated	P.O. Box 26251, Albuquerque, NM 87125					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	P.O. Box 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	18	25N	3W	No	--

If this production is commingling 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6-3-81	9-29-81	8135'	7970'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
7090' GR 7102' KB	MesaVerde	5254'	5809'					
Perforations						Depth Casing Shoe		
5254'-5870' MesaVerde						8135'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		302'		300 sx.			
7 7/8"	5 1/2" 17, 15.5 & 14#		8135'		2255 sx.			
--	2 1/16" 3.25#		5809'		--			

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

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3132	3 hrs.	--	55 °
Testing Method (Pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
BP	783#	1000#	3/4"

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
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.		APPROVED <b>FEB 18 1982</b> , 19	
 (Signature)		BY <b>Original Signed by FRANK T. CHAVEZ</b>	
Area Superintendent (Title)		TITLE <b>PROD. DISTRICT #3</b>	
11/23/81 (Date)		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.	