

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

FILE	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	
PRODUCTION OFFICE	

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 oil transporter was Plateau Inc., now it is Permian Corporation

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
C.W. Roberts	6A	Ojito Gallup-Dakota	XXXXXXXXXXXX Fed.	SF079600
Location	Unit Letter	Feet From The	Line and	Feet From The
	E	1660	North	820
			West	
	Line of Section 18	Township 25N	Range 3W	NMPU, Rio Arriba

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)					
Permian Corporation	P.O. Box 1528, Denver, CO 80201					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Getty Oil Company	P.O. Box 3360, Casper, WY 82602-3360					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	J	18	25N	3W	Yes	3-30-82

(This production is commingled with that from any other lease or pool, give commingling order numbers)

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Deviations (DF, RNB, RT, CR, 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 well able for this depth or be for full 24 hours	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
First New Oil Run To Tanks			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Fluid Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

AS WELL

Fluid Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plug, 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.



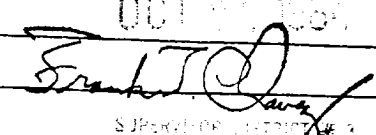
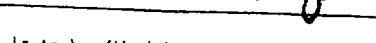
Area Superintendent

(Title)

10-19-84

(Date)

OIL CONSERVATION DIVISION

APPROVED  19
BY
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 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 filed for each pool in multiple completed wells.