

OIL CONSERVATION DIVISION

P. O. BOX 2088

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TRANSPORTER	OIL
	GAS
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N-11

JS

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. OPERATOR**

Operator: Getty Oil Company

Address: P.O. Box 3360, Casper, Wyoming 82602-3360

Reason(s) for filing (Check proper box):

New Well       Change in Transporter of: Oil  Dry Gas

Recompletion       Casinghead Gas  Condensate

Change in Ownership

Other (Please explain):

If change of ownership give name and address of previous owner:

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>C. W. Roberts</u>	Well No. <u>6A</u>	Pool Name, Including Formation <u>Ojito Gallup-Dakota</u>	Kind of Lease <del>State</del> <u>Federal</u>	Lease No. <u>079600</u>
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Location: Unit Letter E : 1660 Feet From The North Line and 820 Feet From The West Line of Section 18 Township 25N Range 3W, NMPM, Rio Arriba 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"/> <u>Plateau Incorporated</u>	Address (Give address to which approved copy of this form is to be sent): <u>P.O. Box 26251, Albuquerque, NM 87125</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent): <u>P.O. Box 990, Farmington, NM 87401</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>18</u>	Twp. <u>25N</u>	Rge. <u>3W</u>
	Is gas actually connected?		When	
	<u>No</u>		<u>-</u>	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Resv.	Diff. Res
Date Spudded <u>9-8-81</u>	Date Compl. Ready to Prod. <u>1-2-82</u>		Total Depth <u>8134'</u>		P.B.T.D. <u>8073'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>7085' GL, 7098' KB</u>	Name of Producing Formation <u>Gallup-Dakota</u>		Top Oil/Gas Pay <u>6865'</u>		Tubing Depth <u>7629'</u>			
Perforations <u>6865'-7906' Gallup-Dakota (commingled downhole)</u>					Depth Casing Shoe <u>8134'</u>			

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>9 5/8"</u>	<u>36#</u>	<u>294'</u>	<u>300 sx</u>
<u>8 3/4"</u>	<u>7"</u>	<u>23#</u>	<u>6130'</u>	<u>1140 sx</u>
<u>6 1/4"</u>	<u>4 1/2"</u>	<u>7.6# &amp; 10.5#</u>	<u>8134'</u>	<u>100 sx</u>
<u>-</u>	<u>2 3/8"</u>	<u>4.7#</u>	<u>7629'</u>	<u>-</u>

**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 <u>-</u>	Date of Test <u>2-16-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>3 hrs</u>	Tubing Pressure <u>770#</u>	Casing Pressure <u>Packer</u>	Choke Size <u>3/4"</u>
Actual Prod. During Test	Oil - Bbls. <u>27</u>	Water - Bbls. <u>78</u>	Gas - MCF <u>117 MCF</u>

**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

**VI. 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.

[Signature]  
(Signature)

Area Superintendent  
(Title)

2-25-82  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY [Signature]

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 name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiphase completed wells.