

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

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

TO OFFICE RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator Getty Oil Company	
Address P.O. Box 3360, Casper, Wyoming 82602-3360	
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 Jicarilla "C"	Well No. 30	Pool Name, including Formation Otero Gallup	Kind of Lease State Lease Indian	Lease No. Contract #34
Location Unit Letter <u>P</u> : <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>27</u> Township <u>25N</u> Range <u>5W</u> , 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"/> Plateau Incorporated	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26251, Albuquerque, NM 87125						
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3360, Casper, WY 82602-3360						
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 28	Twp. 25N	Rge. 5W	Is gas actually connected? Yes	When 7-9-82	(Please See Back) Through a temporary

If this production is commingled with that from any other lease or pool, give commingling order number: line, pending approval of permanent line Right-of-Way

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 Res.	Diff. Res.
Date Spudded 3-25-82	Date Compl. Ready to Prod. 6-30-82		Total Depth 6580'		P.B.T.D. 6522'			
Elevations (DF, RKB, RT, GR, etc.) 6750' GR 6762' KB	Name of Producing Formation Gallup		Top Oil/Gas Pay 6173'		Tubing Depth 6440'			
Perforations 6173'-6506' Gallup					Depth Casing Shoe 6568'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		316'		275 sx			
7 7/8"	5 1/2" 14.0#, 15.5#		6568'		1225 sx			
	2 3/8" 4.7#		6440'		-			

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 7-1-82	Date of Test 7-6-82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 3 hrs	Tubing Pressure 72 psi	Casing Pressure 478 psi	Choke Size 24/64"
Actual Prod. During Test -	Oil-Bbls. 31 BO	Water-Bbls. 8 BW	Gas-MCF 587 MCFPD

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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)
7-16-82
(Date)

OIL CONSERVATION DIVISION

JUL 19 1982

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

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 filled for each pool in multiple completed wells.

NOTE: This well was IP'd on 7-6-82, flowing oil to frac tanks and venting gas for 3 hours. The well was then shut-in. The well is now shut-in pending approval of C-104.