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

ERGY AND MIMERALS DEPARTMENT CARD OFFICE

REQUEST FOR ALLOWABLE

OFERATOR FAGRATION OFFICE Controls	AUTHORIZ	ZATION TO TR	AND ANSPORT OIL	AND NATURAL	GAS	
Getty Oil Compar	ıy					
P.O. Box 3360, (Reason(s) for filing (Check proper	Casper, WY 82	602-3360				
New Well	•	ransporter of:		Other (Please expla	lin)	
Recompletion Change in Ownership	CII Castnghead		y Gas	Glant Refin	ondensate transpo	rter was is Permian
Schenge of ownership give nor cad eddress of previous owner_	ne			Corporation		
DESCRIPTION OF WELL A!				-		······································
Paul Williams	3	Basin	Dakota XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Unti Letter F : 1	575 Feet From 1	he North	Line and	· 1555	From The West	
Line of Section 35	Township	26N ' Range	6W	, ММРМ,	Rio Arriba	
DESIGNATION OF TRANSPO Name of Authorized Transporter of	ORTER OF OIL AN	ND NATURAL	GAS			County
Permian Corporat	ion	ensato (AA	Andress (Gr	ve address to which	h approved copy of this for	m is to be senij
El Paso Natural Gas Company			1 2011 4520; Deliver, CO 60201			
if well produces oil or liquids.	Unit Sec.	Twp. 'Rge.	P.O.E	Box 990, Fa:	rmington, NM 8749	99 (0 60 50 50,0)
give location of tanks.	F 35	26N 6W	Yes	illy connected?	When 11-25-75	
(this production is commingled COMPLETION DATA	Tank.		ol, give commin	gling order numbe	r:	
Designate Type of Comple	tion - (X)	ell Gas Well	New Well	Workover Deep	en Plug Back Same	Res'v. Dill. Ros
Date Spudded	Date Compl. Read	y 10 Prod.	Total Depth	!	P.B.T.D.	
Clevations (DF, RKB, RT, GR, etc.,	Name of Producing	Formation	Top Oil/Gas	Pay	Tubing Depth	
Perforations			<u> </u>			
					Depth Casing Shoe	
HOLESIZE	CASING & T	NG, CASING, AI UBING SIZE	3	G RECORD DEPTH SET		
				DEFIN SET	SACKS	CEMENT
			-			
EST DATA AND REQUEST F	COR ALLOWANS =					
IL WELL one Pirel New Oil Bun To Tonks			after recovery of lepth or be for fu	total volume of Ica ll 24 hours!	doil and must be equal to	or exceed top ullc
Gie rital New Oil Hun To Tanks	Date of Test			that (Flow, pump.		
.ength of Test	Tubing Pressure		Casing P	LEGEL	Charastra	
ctual Pred. During Tost	Oil-Bbls.		U	-00T0 < 10		
			Water - Bble.	0012619		
AS WELL				HE CON.	Div	
ctual Prod. Teet-MCF/D	Length of Test		Bble. Condens	DIST. 3		
reting Method (pital, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressu		Choke Size	=10
ERTIFICATE OF COMPLIAN	CE					
reserve english that the				^ ^	VATION DIVISION	
rision have been complied with			APPROVE		126/1984	, 19
ive is true and complete to the	best of my knowle	dge and belief.	BY	Track	Same 43	
			TITLE SUPERVISOR DISTRICT # 3			
Area Superintendent			This form is to be filed in compliance with RULE 1104.			
(Signalwe) 10-19-84			If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation of the			
10-19-84 A. (T/9.)			All sections of this form must be filled out on the			
- Out Br			Fill out only Sections I. W. III. and 17 days			
	· ,			Homber, or trans	porter or other such char	nge of condition
			completed wi	elia,	nust be filed for each	pool in multipi