

DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		3
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

Operator
Getty Oil Company
Address
P. O. Box 3360, Casper, WY 82602
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Encumbrance ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
If change of ownership give name and address of previous owner
Skelly Oil Company, Box 3360, Casper, WY 82602

II. DESCRIPTION OF WELL AND LEASE
Lease Name
P. L. Davis
Well No.
1
Pool Name, including Formation
Gallecos Gallup
Kind of Lease
State, Federal or Fee
Fed. SF 078937
Location
Unit Letter
A
Feet From The
990
North
Line and
990
Feet From The
East
Line of Section
26
Township
26N
Range
11W
NMPM,
San Juan
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
Permian
Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
El Paso Natural Gas Co.
Address (Give address to which approved copy of this form is to be sent)
Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.
Unit
Sec.
Twp.
Rge.
Is gas actually connected?
yes
When

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 ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Some Rest'n ☐ Diff. Rest'n ☐
Date of Completion
Date Compl. Ready to Prod.
Total Depth
P.B.T.D.
Explanations (IDF, FEE, RT, GR, etc.)
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
Restrictions
Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT

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)
Core 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/MCF
Gravity of Condensate
Testing Method (pump, 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 Commission 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)
2/9/77
(Date)

OIL CONSERVATION COMMISSION
APPROVED
BY **ORIGINAL SIGNED BY H.C. MAXWELL, JR.**
TITLE **PETROLEUM ENGINEER DIST. NO. 5**
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.