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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-110
Effective 1-1-65

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

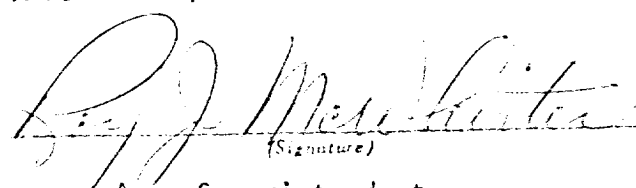
I. DESCRIPTION OF WELL AND LEASE		Lease No.
Lease Name	Well No. Pool Name, including Formation	Kind of Lease
Navajo "G"	1 So. Gallegos Fruitland	State, Federal or Fee Fed. 14-
Location		20-603-297
Unit Letter	K	1770 Feet From The South Line and 1770 Feet From The West
Line of Fraction	12 Township 26N Range 12W	NMPM, San Juan County

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

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restv.	Diff. Restv.
Designate Type of Completion - (X)									
Date Cased	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, FFB, RT, GR, 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			

VI. 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	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/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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.	
	
Area Superintendent	
2/9/77	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED	19
ORIGINAL SIGNED BY N. L. ROY, JR.	
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 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.	