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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)	
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 \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name P. L. DAVIS	Well No. 1-E	Pool Name, including Formation BASIN DAKOTA	Kind of Lease <del>State</del> Federal or <del>Free</del>	Lease No. SF078937
Location				
Unit Letter D	1190	Feet From The North	Line and 1170	Feet From The West
Line of Section 26	Township T26N	Range 11W	NMPM, San Juan	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS	P.O. BOX 990, FARMINGTON, N.M. 87401					
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 26	Twp. 26N	Rge. 11W	Is gas actually connected? No	When Soon

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-2-79	Date Compl. Ready to Prod. 10-4-79		Total Depth 6335'		P.B.T.D. 6293'			
Elevations (DF, RKB, RT, GR, etc.) GR 6323' KB 6335'	Name of Producing Formation Dakota		Top Oil/Gas Pay 6086'		Tubing Depth 6153'			
Perforations 6145-59'; 6192-98'; 6206-12'					Depth Casing Shoe 6332'			

TUBING, CASING, AND CEMENTING RECCRD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	299'	250
7 7/8"	5 1/2"	6332'	1407
5 1/2"	2 3/8 tbg.	6153'	

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 2071	Length of Test 3 hrs.	Bbls. Condensate/MMCF 1	Gravity of Condensate Disposal
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 1405 psi	Casing Pressure (Shut-in) 1410 psi	Choke Size 3/4"

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.

*W E Aeb*

Area Superintendent

May 16, 1980

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

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

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT #7

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.