

NO. OF COPIES RECEIVED	
DISTRIBUTION	5
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	1
PRORATION 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-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 <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 _____

Lease Name P. L. DAVIS	Well No. 2-E	Pool Name, including Formation BASIN DAKOTA	Kind of Lease State Federal or State	Lease No. SF078937
Location				
Unit Letter <u>P</u> ; <u>1040</u> Feet From The <u>East</u> Line and <u>1030</u> Feet From The <u>South</u>				
Line of Section <u>26</u> Township <u>26N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> County				

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 P	Sec. 26	Twp. 26N	Pge. 11W
		Is gas actually connected?		When
		No		Soon

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
			X	X					
Date Spudded 9-17-79	Date Compl. Ready to Prod. 9-30-79	Total Depth 6390'		P.B.T.D. 6354'					
Elevations (DF, RKB, RT, GR, etc.) GR 6382' KB 6392'	Name of Producing Formation Dakota	Top Oil/Gas Pay 6114'		Tubing Depth 6152'					
Perforations 6114-18'; 6166-72'; 6208-10'				Depth Casing Shoe 6387'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	8 5/8"		296'		250				
7 7/8"	5 1/2"		6387'		990				
5 1/2"	2 3/8" tbg.		6152'						

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	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
		MAY 19 1980	
		OIL CON. COM.	
		DIST. 3	

Actual Prod. Test-MCF/D 833	Length of Test 3 hrs.	Bbls. Condensate/MMCF 1	Gravity of Condensate 54°
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (shut-in) 1335 psi	Casing Pressure (shut-in) 1337 psi	Choke Size 3/4"

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>MAY 19 1980</u> , 19____	
<u>W & G</u> (Signature)		BY <u>Original Signed by FRANK T. CHAVEZ</u>	
Area Superintendent (Title)		TITLE <u>SUPERVISOR DISTRICT # 3</u>	
May 16, 1980 (Date)		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.	