

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

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Operator <u>Getty Oil Company</u>	
Address <u>P.O. Box 3360, Casper, WY 82602</u>	
Reason(s) for filing (Check proper box)	
New Well <input 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 checked="" type="checkbox"/>
Other (Please explain) <u>Previous Transporter was Permian Corp.</u>	
If change of ownership give name and address of previous owner _____	

II. DESCRIPTION OF WELL AND LEASE				
Lease Name <u>P.L. Davis</u>	Well No. <u>2E</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>SF078937</u>
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				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Giant Refining Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 256, Farmington, NM 87401</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990, Farmington, NM 87401</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>P</u>	Sec. <u>26</u>	Twp. <u>26N</u>	Rge. <u>11W</u>	Is gas actually connected? <u>Yes</u>	When <u>5-21-80</u>

IV. COMPLETION DATA						
Designate Type of Completion - (X)						
<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.
Elevations (DF, RAB, 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

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

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, 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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
<u>J. M. Robinson</u> (Signature) For Area Superintendent (Title) <u>12-31-81</u> (Date)	
OIL CONSERVATION DIVISION APPROVED <u>JAN 6 1982</u> Original Signed by <u>CHARLES GHOLSON</u> BY _____ TITLE <u>DEPUTY OIL & GAS INSPECTOR, DIST. #3</u> 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 deviated 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 multiple completed wells.	