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TRANSPORTER	OIL 1 GAS 1
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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 ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
Re-completion ☐	
Change in Ownership ☒	Other (Please explain)

If change of ownership give name and address of previous owner
Skelly Oil Company, Box 3360, Casper, WY 82602

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name New Mexico "B" Conn		1	Basin Dakota	State, Federal or Fee State #284	13
Location					
Unit Letter	P	790	Feet From The	South	Line and 790 Feet From The East
Line of Section	32	Township	27N	Range	9W, NMPM, San Juan County

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 ☒		P. O. Box 3119, Midland, TX				
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒		Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company		P. O. Box 990, Farmington, NM 87401				
Is well produces oil or liquids, give location of tanks.	Unit	Sec.	Temp.	Eq.	Is gas actually connected?	When
	P	32	27N	9W	Yes	

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'tv.	Diff. Res'tv.
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.S.T.D.				
Elevations (D.F., P.A.B., R.T., G.R., 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

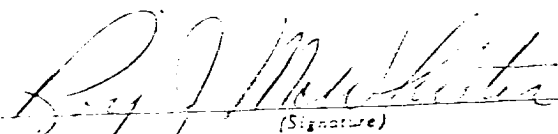
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

2/7/77

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY ORIGINAL SIGNED BY H. E. MAXWELL, JR.

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.

Form C-104 must be filed for each pool in multiply