

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

DISTRIBUTION	7
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	4
REGISTRATION OFFICE	

I. OPERATOR

Operator: Getty Oil Company

Address: Box 3360, Casper, WY 82602

Person(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Cost/Lead Gas Cur. Fracture

Other (Please explain):

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

II. DESCRIPTION OF WELL AND LEASE

Well Name <u>Charley-Pah</u>	Well No. <u>2</u>	Form Name, including Formation <u>So Blanco- Pictured Cliffs</u>	Kind of Lease <u>State, Federal or Fee Fed 1-1431</u>	Lease No. <u>Ind. -8465</u>
Location Unit Letter <u>B</u> <u>790</u> Feet From The <u>North</u> End <u>1650</u> Feet From The <u>East</u>	Line of Section <u>12</u>	Township <u>27N</u>	Range <u>9W</u>	N.M.P.M., <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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Cost/Lead 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)
<u>El Paso Natural Gas Co.</u>	<u>Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks: Unit Sec. Twp. Rge.	Is gas actually connected? When
	<u>yes</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
Date of Test	Date Compl. Ready to Prod.	Total Depth	P.B./T.D.					
Production (G.P., A.M., A.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Layer	Tubing Depth					
Dimensions			Depth Casing Shoe					

HOLE SIZE	TUBING, CASING, AND CEMENTING RECORD	DEPTH SET	SACKS CEMENT
	CASING & TUBING SIZE		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of fluid oil and must be equal to or exceed top allowable for 1 hr. depth or be for full 24 hours)

Date First New Oil Ran To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Annual Prod. During Test	Choke Size	Choke Size
	Inner Choke	Outer Choke

GAS WELL

Annual Prod. Test (MCF/D)	Length of Test	Blk. Condensate/MWCF	Gravity of Condensate
Testing Method (pump, back prod.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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.

[Signature]
 Area Superintendent
 (Title)
2/9/77
 (Date)

OIL CONSERVATION COMMISSION

APPROVED: 7 1977

BY: ORIGINAL SIGNATURE R. MAXWELL, JR.

TITLE: [Signature]

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 of the multiple completed wells.