NO. OF COPIES RECEIVED			
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION	
SANTA FE	REQUES	REQUEST FOR ALLOWABLE	
FILE /		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	RANSPORT OIL AND NATUI	RAL GAS
LAND OFFICE			
IRANSPORTER GAS /			·•
OPERATOR 2			
PRORATION OFFICE			
Getty 0il Company			
Address 3360 Casper	WY 82602		
Reason(s) for filing (Check proper b	ox)	Other (Please explain	n)
New We!1	Change in Transporter of:		
Recompletion	OII Dry C	Gos X	
Chonge in Ownership	Casinghead Gas Cond	ensale	
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL AN	D LEASE	Formation Kind o	Lease Lease No.
Lease Name	Well No. Pool Name, including		
Marshall-Gentle	1-A Blanco Mesav	erde sidie,	Federa or Fee FED SF 078357
Location	1/10	01.0	EA
Unit Letter;	1640 Feet From The South	ine and O4U Feet	From The Last
Line of Section 14	Township 27N Range	9W , , NMPM, Sa	n Juan County
			•
Name of Authorized Transporter of C	RTER OF OIL AND NATURAL G	Address (Give address to which	approxed copy of this form is to be sent)
Name of Authorized Transporter of C El Paso Natural Ga		Address (Give address to which Box 990, Farming to	approved copy of this form is to be sent)
El Faso Natural da		Is gas actually connected?	
If well produces oil or liquids,	Unit Sec. Twp. Ege.	No No	1
give location of tanks.			
	with that from any other lease or pool	, give commingling order numbe	r: No
COMPLETION DATA	Oil Well Gas Weli	New Well Workover Deep	en Plug Back Same Res'v. Diff. Res'v.
Designate Type of Complete	$x_{ion} = (X)$	X -	į į
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
_			4450'
9-8-77	Name of Producing Formation	4490 1 Top Ott/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.,			43921
6047' GR 6058' KB	Point Lookout	4317!	Depth Casing Shoe
Perforations			4490'
4317-4402'	THRING CASING AN	D CEMENTING RECORD	4490
		DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
12111	9-5/8" OD		300
8-3/4"	7'' OD	11	300
64"	4½" OD (liner)	<del></del>	230
	2-3/8" OD	4392'	ad all and must be aqual to as assess ton allow
	FOR ALLOWABLE (Test must be	after recovery of total volume of lo lepth or be for full 24 hours)	ad oil and must be equal to or exceed top allow
OIL WELL	Date of Test	Producing Method (Flow, pump,	
Date First New Oil Run To Tanks	Date of test		
	Tables Bases	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Costilé à Lesame	
Actual Prod. During 7081	Oil-Bbis.	Water - Bbls.	Gas-MCF
	:		
GAS WELL	The worth of Table	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test		0
A0F 2707	3 hours	Cosing Pressure (Shut-in)	Choke Size
Testing Method (pilot, back pr.)	Tuhing Pressure (Shut-in)		3/4"
Back Press.	847 psig	847 psig	
. CERTIFICATE OF COMPLIA	NCE	OIL CONSE	ERVATION COMMISSION
		11	, 19
		11	
I hereby certify that the rules and	i regulations of the Oil Conservation with and that the information given	APPROVED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

above is true and complete to the best of my knowledge and belief. Area Superintendent

November 15, 1977

(Date)

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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 accomparied by a tabulation of the deviction 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 we lis.

Fill out only Sections I. II. III. and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filled for each pool in multiply completed wells.