

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Getty Oil Company
Address
P.O. Box 3360, Casper, Wyoming 82602
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) *add*
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Federal 2W	Well No. 1-E	Pool Name, including Formation Basin Dakota	Kind of Lease State of New Mexico Federal	Lease No. SF078936
Location Unit Letter <u>E</u> : <u>1520</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>2</u> Township <u>27N</u> Range <u>12W</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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Denver, CO 80290	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>2</u> Twp. <u>27N</u> Rge. <u>12W</u>	Is gas actually connected? No	When ---

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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 2-22-81	Date Compl. Ready to Prod. 3-20-81		Total Depth 6370'		P.B.T.D. 6325'			
Elevations (DF, RKB, RT, CR, etc.) 5916' GL 5927' KB	Name of Producing Formation Dakota		Top Oil/Gas Pay 6203'		Tubing Depth 6246'			
Perforations 6203'-6257' with 32, 0.42" holes					Depth Casing Shoe 6368'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		321'		300 sx			
7 7/8"	5 1/2" 15.5 & 14#		6368'		1310 sx			

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

APR 2 1981
OIL CONSERVATION DIVISION
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D 3564	Length of Test 3 hours	Bbls. Condensate/MMCF 4.6	Gravity of Condensate 59.0
Testing Method (pilot, back pr.) BP	Tubing Pressure (Shut-in) 1612#	Casing Pressure (Shut-in) 1670#	Choke Size 3/4"

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.


(Signature)

Area Superintendent

(Title)

4-21-81

(Date)

OIL CONSERVATION DIVISION

NOV 5 - 1981

APPROVED

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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.