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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) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Costinghead Gas Condensate

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

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mexico Fed "B"</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Aztec fractured Cliffs</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>042569</u>
Location				
Unit Letter <u>N</u>	<u>1190</u>	Feet From The <u>South</u>	Line and <u>1840</u>	Feet From The <u>West</u>
Line of Section <u>9</u>	Township <u>28N</u>	Range <u>10W</u>	County <u>SAN JUAN</u>	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (City address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Costinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (City address to which approved copy of this form is to be sent)
<u>Southern Union Gathering Co.</u>	<u>P. O. Box 808, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas being transported? When
<u>N</u> <u>9</u> <u>28N</u> <u>10W</u>	<u>yes</u>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Deepen	Plug Back	Some Re-Work	Inf. Fract.
<u>(X)</u>							
Date of Test	Date Compl. Ready to Prod.	Total Depth	Perf. Oil (ft. Day)	Tubing Depth	Depth Drilling 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 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
Actual Prod. During Test	Oil-Brhs.	Water-Brhs.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Brhs. Condensate/MVCF	Gravity of Condensate
Testing Method (pilot, back pt.)	Tubing Pressure (psia-in)	Casing Pressure (psia-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)
 2/7/77
 (Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY ORVILLE OWENS BY M. E. KAYE, 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.
 Section I, II, III, and VI must be filled out for each pool in multiply