

OIL CONSERVATION DIVISION

Form C-104  
Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
TRANSPORTER	
LAND OFFICE	
U.S.G.S.	
FILE	
SANTA FE	
DISTRIBUTION	
U.S. DEPT. OF THE INTERIOR	

Operator  
Getty Oil Company

Address  
P.O. Box 3360, Casper, WY 82602-3360

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	Previous condensate transporter was Giant Refining Co., now it is Permian Corp.	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Mexico Federal "K"	Well No. 1E	Pool Name, Including Formation Basin Dakota	Kind of Lease <del>XXXXXX</del> Fed.	Lease No. SE-0470391
Location Unit Letter <u>N</u> : <u>1190</u> Feet From The <u>South</u> Line and <u>2020</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>28N</u> Range <u>10W</u> , NMPM, San Juan				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1528, Denver, CO 80201
Name of Authorized Transporter of Casinghead 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)
Southern Union Gathering Co.	P.O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
N 8 28N 10W	Yes 6-24-80

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv. Diff. Ros
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.				
Elevations (DF, RAB, RT, GR, 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

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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 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)

10-18-84

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 26 1984 , 19

BY Frank J. Dwyer

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 deviated 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 multiple completed wells.