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TRANSPORTER
OIL
GAS
OPERATOR
REGISTRATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and O-114
Effective 1-1-65

API 30-045-23112

Operator
Getty Oil Company
Address
Box 3360, Casper, WY 82602
Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Perforation ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hanley "A"	Well No. 1	Pool Name, including Formation Bloomfield (Chacra)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter F : 1515 Feet From The North Line and 1700 Feet From The West Line of Section 18 Township 29N Range 10W N.M.P.M. San Juan County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company		Box 990, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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 Resv.	Diff. Resv.
		X	X					
Date Spudded 6-9-78	Date Compl. Ready to Prod. 7-8-78	Total Depth 4550'	P.B.T.D. 4476'					
Elevations (DE, LEB, RT, GR, etc.) 5608' GR 5618' KB	Name of Producing Formation Chacra	Top Oil/Gas Pay 3019'	Tubing Depth 3018'					
Perforations 3020' - 30'		Depth Casing Shoe -						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	9-5/8" OD	309'	275					
8-3/4"	7" OD	3200'	440					
7"	4-1/2" OD Liner Top 3108', Bottom 4511'	180						
	1.9" OD Tbg.	3018'						

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)

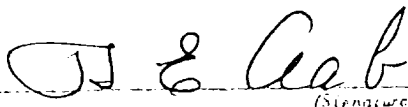
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
567	3 hrs.	0	0
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pr.	1079 psig	1079 psig	3/4"

VI. 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)
December 7, 1978
(Date)

OIL CONSERVATION COMMISSION
DEC 11 1978
APPROVED
Original Signed by A. R. Kendrick
BY
TITLE SUPERVISOR DIST. 13

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 Form O-104 must be filed for each pool in multiply completed wells.