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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

API 30-045-23117

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

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Garrett "D"	Well No. 1	Pool Name, Including Formation Bloomfield (Chacra) <i>Ext</i>	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>F</u> ; <u>1480</u> Feet From The <u>North</u> Line and <u>1680</u> Feet From The <u>West</u>				
Range of Section <u>13</u> Township <u>29N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> 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? <u>No</u> 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't.	Diff. Res't.
		X	X					
Date Spudded 8-17-78	Date Compl. Ready to Prod. 10-3-78	Total Depth 3100'		P.B.T.D. 3038'				
Elevation (DF, FHP, RT, GR, etc.) 5614' GR 5624' KB	Name of Producing Formation Chacra	Top Oil/Gas Pay 3000'		Testing Depth 2987'				
Perforations 3000' - 04'; 3006' - 14'				Depth Casing Shoe 3077'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4"	CASING & TUBING SIZE 8-5/8" OD	DEPTH SET 280'		SACKS CEMENT 275				
	7-7/8"	4-1/2" OD		3077'				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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	Testing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1123	Length of Test 3 hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 1078 psig	Casing Pressure (Shut-in) 1078 psig	Choke Size 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.

W E Galt
(Signature)
Area Superintendent
(Title)
December 7, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 11 1978, 19
BY Original Signed by A. R. Kendrick
APPROVED DATE 12
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.
Separate Form C-104 must be filed for each pool in multiply completed wells.