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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-11
Effective 1-1-65

API 30-045-23130

I. OPERATOR

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	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain):

If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Bunce "A"</u>	<u>1</u>	<u>(Chacra) Bloomfield</u>	<u>State, Federal or Fee</u> <u>Federal</u>	<u>SF-078716</u>

Location

Unit Letter A : 690 Feet From The North Line and 790 Feet From The East

Line of Section 19 Township 29N Range 10W , NMPM, 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)
<u>El Paso Natural Gas Company</u>	<u>Box 990, Farmington, NM 87401</u>

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>A</u>	<u>19</u>	<u>29N</u>	<u>10W</u>	<u>No</u>	

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. Trans. Resv.
		<u>X</u>	<u>X</u>				

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>8-8-78</u>	<u>10-13-78</u>	<u>4550'</u>	<u>4450'</u>

Elevations (B.F., R.A.B., RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>5593' GR 5603' KB</u>	<u>Chacra</u>	<u>2970'</u>	<u>2971'</u>

Perforations	Depth Casing Shoe
<u>2976' - 82'</u>	<u>4510'</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>13-3/4"</u>	<u>9-5/8" OD</u>	<u>285'</u>	<u>275</u>
<u>8-3/4"</u>	<u>7" OD</u>	<u>3160'</u>	<u>650</u>
<u>7"</u>	<u>4-1/2" OD Liner Top 3058', Bottom 4510'</u>		<u>200</u>
	<u>1.9" OD</u>	<u>2971'</u>	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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
<u>362</u>	<u>3 hrs.</u>	<u>0</u>	<u>0</u>

Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
<u>Back Pr.</u>	<u>1225 psig</u>	<u>-</u>	<u>3/4"</u>

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. Cab
(Signature)
Area Superintendent
(Title)
December 7, 1978
(Date)

OIL CONSERVATION COMMISSION

APPROVED 21 1978, 19

BY original Signed by A. R. Kendrick
SUPERVISOR
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 Forms C-104 must be filed for each pool in multiply completed wells.