

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. Operator
Getty Oil Company
Address
P.O. Box 3360, Casper, Wyoming 82602

Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Dual Completion Dakota and Mesa Verda
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Garrett Federal Com E	Well No. 1-E	Pool Name, Including Formation Dakota	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter B ; 1170 Feet From The North Line and 1470 Feet From The East Line of Section 12 Township 29N Range 11W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
El Paso Natural Gas	P.O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 12
	Twp. 29N	Rge. 11W
	Is gas actually connected? 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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 5-7-80	Date Compl. Ready to Prod. 9-3-80		Total Depth 6820'		P.B.T.D. 6762'			
Elevations (DF, RKB, RT, GR, etc.) 5829' GR	Name of Producing Formation Dakota		Top Oil/Gas Pay 4091'		Tubing Depth 2 1/16" 6706'			
Perforations Dakota 6638' - 6743'					Depth Casing Shoe 6812'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4"	10 3/4"		319'		275			
9 7/8"	7 5/8"		3930'		895			
Liner	2 1/16"		3745' to 6812'		250			
	2 1/16"		6706'		Pkr @ 4850'			

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 Dakota - 4130 AOF	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Press	Tubing Pressure (Shut-in) Dakota - 1208	Casing Pressure (Shut-in) Dakota - 0	Choke Size Dakota 3/4"

VI. 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.

Charles E Mowry
Area Engineer
2-13-81
(Signature)
(Title)
(Date)

OIL CONSERVATION DIVISION
FEB 17 1981
APPROVED
Original Signed by FRANK J. CHAVEZ
BY
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 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.