

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.O.B.		
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)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ 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 <u>Garrett-Federal Com. 2</u>	Well No. <u>1-E</u>	Pool Name, Including Formation <u>Dakota</u>	Kind of Lease <u>Non-Production Fee</u>	Lease No.
Location Unit Letter <u>M</u> ; <u>1040</u> Feet From The <u>South</u> Line and <u>1000'</u> Feet From The <u>West</u> Line 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 <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)	
<u>El Paso Natural Gas</u>	<u>P.O. Box 990, Farmington, NM 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>13</u>
	Twp. <u>29N</u>	Rge. <u>11W</u>
	Is gas actually connected? <u>No</u> When <u>As soon as possible</u>	

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

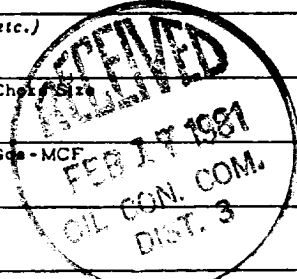
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>						
Date Spudded <u>5-25-80</u>	Date Compl. Ready to Prod. <u>8-7-80</u>	Total Depth <u>6590'</u>		P.B.T.D. <u>6547'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>5573' KB 5572' DF</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>6416'</u>		Tubing Depth <u>6364'</u>				
Perforations				Depth Casing Shoe <u>6589'</u>				

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8 5/8" 24#</u>	<u>325'</u>	<u>300</u>
<u>7 1/8"</u>	<u>5 1/2" 15.5#</u>	<u>6589'</u>	<u>1095</u>

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 <u>2758 AOF</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate <u>-</u>
Testing Method (pilot, back pr.) <u>BP</u>	Tubing Pressure (shut-in) <u>1095</u>	Casing Pressure (shut-in) <u>1095</u>	Choke Size <u>3/4"</u>

I. 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  
(Signature)  
Area Engineer  
(Title)  
2-13-81  
(Date)

OIL CONSERVATION DIVISION  
APPROVED FEB 17 1981, 19\_\_\_\_  
BY Original Signed by FRANK T. CHAVEZ  
SUPERVISOR DISTRICT # 3  
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.