(Dote)

## OIL CONSERVATION DIVISION P. O. BOX 2088

TRANSPARENT SUPPREMINING YOR	OH CONSERVA	TION DIVISION	Revised IU-1 /8
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SANTA FE	SANTA FE, NEW		
FHE			
LANG OFFICE	REQUEST FOR	R ALLOWARI F	
TRANSPORTER DIL.		ND	
OPERATOR	AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS	
Operator OFFICE			
Getty Oil Company			
Address			
P.O. Box 3360, Casper, Reason(s) for filing (Check proper box,		Other (Please explain)	
New Well X	Change in Transporter of:		
Recompletion	OII Dry Gas		
Change in Ownership	Casinghead Gas Condens	sate	
If change of ownership give name			
and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		N.
Lease Name	Well No. Pool Name, including to	1	Lease No. NMO20505
Mexico Federal "N"	1-E   Basin Dakota	*XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX Fee Miozosos
Location 1 105/	Feet From The South Line	e and 1070 Feet From T	he West
Unit Letter L : 1850	Feet from the Bodell Elife	and 1070	
Line of Section 15 Tov	vnship 29N Range	11W , NMPM,	San Juan County
	and the state of t	5	
DESIGNATION OF TRANSPORT	or Condensate [X]	Aid:ess (Give address to which approv	ed copy of this form is to be sent)
The Permian Corporation		Box 3119, Midland, Texa	5
Name of Authorized Transporter of Cas	singhead Gas Cr Dry Gas X	Address (Give address to which approv	
El Paso Natural Gas Co		P.O. Box 990, Farmingto	
If well produces oil or liquids, give location of tanks.		No L	
	L 15 29 11 th that from any other lease or pool, a	l	
If this production is commingled with COMPLETION DATA			Plug Back   Same Res'v. Diff. Res'v.
Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Pring Buck Same New 1
	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date Spudded	3-23-81	6500'	6455'
1-9-81 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
5581' GL 5591' KB	Dakota	6238	6327 Depth Casing Shoe
Perforations			6498'
6238'-6393'	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT .
12 1/4"	8 5/8" 24#	330'	275 sx 2260 sx
7 7/8"	5 1/2" 14 & 15.5#	6498'	2200 SA
	2 3/8" Tubing	6327	,
TARA AND DEQUEET F	OP ALLOWARIE (Test must be at	fer recovery of total volume of load oil	and must be equal to or exceed top allow-
OIL WELL	able for this de		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump,	
	Tubing Pressure	Casing Pressure	Chaine Size
Length of Test		y 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Earlie 1
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gan - MCF
		LISTO DISTO	- <b>A</b>
Actual Prod. Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Granty of Condensate
3356	3 hours	.484	61.5 Choke Size
Testing Method (pitot, back pr.)	Tubing Presswe (Shut-in)	Casing Fressure (Shut-in)	3/4"
BP	1175#	1175#	* <del></del>
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION  ADD 1 c 1001	
I hereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given		APPROVED APR 1.6 1981 Original Signed by FRANK 1. CHAVEZ	
above is true and complete to the best of my knowledge and belief.		SUPERVISOR DISTRICT # 3	
		TITLE	
2/10//		This form is to be filed in compliance with RULE 1104.	
NO WAS		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 well, this form must be accompanied by a tabulation of the deviation	
(Signature)		tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow-	
Area Superintendent (Tile)		i able on new and recompleted watte.	
4-9-81	Fill out only Sections I, II, III, and VI for changes of owni		
	nie)	H	

Separate Forms C-104 must be filed for each pool in multiply completed wells.