

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 REQUIRED

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRODUCTION OFFICE

Operator

Getty Oil Company

Address

P.O. Box 3360, Casper, WY 82602

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Previous Transporter was Permian Corp.

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 |
| W. M. Hanley | 1-E | Basin Dakota | State, Federal or Fee | Fee |
| Location | | | | |
| Unit Letter N : 990 Feet From The South Line and 1650 Feet From The West | | | | |
| Line of Section 18 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) | | | | |
| Giant Refining Co. | | P.O. Box 256, Farmington, NM 87401 | | | | |
| 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 | | P.O. Box 990, Farmington, NM 87401 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | N | 18 | 29N | 10W | Yes | 2-5-81 |

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 |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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 | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

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.


(Signature)
For Area Superintendent
(Title)
12-31-81
(Date)

OIL CONSERVATION DIVISION
JAN 2 1982

APPROVED _____, 19____
BY Original Signed by CHARLES GHOLSON
DEPUTY OIL & GAS INSPECTOR, DIST. #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 deviated 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 multiple completed wells.