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	GAS	
OPERATOR		4
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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-111
Effective 1-1-65

Operator
Getty Oil Company

Address
Box 3360, Casper, Wyoming 82602

Reason(s) for filing (Check proper box) Other (Please explain)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner
Skelly Oil Company, Box 3360, Casper, WY 82602

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo "P"	Well No. 7	Pool Name, Including Formation Many Rocks Gallup	Kind of Lease Federal	Lease No. 14-200-600-3540
Location				
Unit Letter J	1980	Feet From The East	Line and 1980	Feet From The South
Line of Section 35	Township 32N	Range 17W	NMPM,	San Juan County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Shell Pipeline Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1588, Farmington, NM
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit C
	Sec. 34
	Twp. 32N
	Rge. 17W
Is gas actually connected?	When

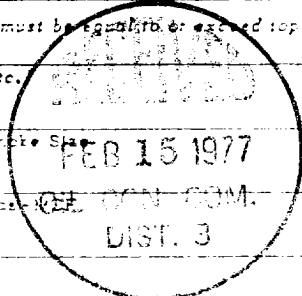
III. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
<input checked="" type="checkbox"/>							
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (D.F., F.I.B., 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				

IV. 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-Bbls.



GAS WELL

Actual Prod. Test-MSCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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.

(Signature)
Area Superintendent
(Title)
2/4/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED
FEB 15 1977, 19
BY ORIGINAL SIGNED BY N. E. MAXWELL, JR.
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.