

**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-103 and C-11
Effective 1-1-65

| | |
|------------------------|----------------|
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| SANTA FE | 1 |
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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL 1 GAS 1 |
| OPERATOR | 3 |
| PROPRATION OFFICE | |

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

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

New Well Change in Transporter of:
 Recombination Oil Dry Gas
 Change in Ownership Castinhead Gas Condensate

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 Mexico Federal G | Well No. 1 | Pool Name, including Formation Devils Fork Gallup | Kind of Lease State, Federal or Free Fed SF | Lease No. 079086 |
| Location | | | | |
| Unit Letter F | 1650 | Feet From The South | Line and 1850 | Feet From The West |
| Line of Section 18 | Township 24N | Range 6W | N.M.P.M. Rio Arriba | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Plateau Inc. | Box 108, Farmington, NM 87401 |
| Name of Authorized Transporter of Castinhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Company | Box 990, Farmington, NM 87401 |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? When |
| Unit: F Sec: 18 Twp: 24N Rge: 6W | yes |

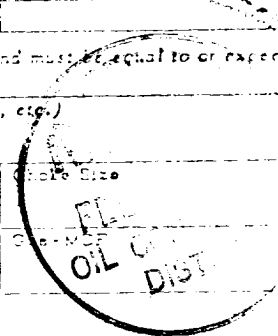
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|---|-------------------------------|-----------------|-------------------|----------|--------|-----------|------------|-------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Some Rest. | Diff. Rest. |
| (X) | | | | | | | | |
| Date Spudded | Date Comp. Ready to Prod. | Total Depth | P.S.T.D. | | | | | |
| Elevations (D.F., R.A.B., A.T., C.R., etc.) | Name of Product and 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 lead oil and must be equal to or exceed top oil available 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 | Hole Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gravity of Condensate |
| GAS WELL | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Flowing Intake (psig, lock pt.) | Tubing Pressure (shot-in) | Casing Pressure (shot-in) | Hole Size |



VI. 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.

OIL CONSERVATION COMMISSION

APPROVED _____, 1977

BY **ORIGINAL SIGNED BY H. 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 Form C-104 must be filed for each pool in multiply completed wells.

[Signature]
 Area Superintendent
 (Date) **2/9/77**