

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	3
PROBATION OFFICE	

Operator
Getty Oil Company

Address
Box 3360, Casper, WY 82602

Producer(s) for filing (Check proper box)

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

Other (Please explain)

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

DESCRIPTION OF WELL AND LEASE

Lease Name	Jicarilla "B"	Well No.	5	Pool Name, including Formation	Otero Callup	Kind of Lease	Fed. Cont.	Lease No.	#68
Location	Unit Letter L	1650 Feet From The	South	Line and	660 Feet From The	West			
Line of Section	32	Township	25N	Range	5W	N.M.P.M.	Rio Arriba	County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent)	Box 108, Farmington, NM 87401				
Name of Authorized Transporter of Condensed Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent)	Box 990, Farmington, NM 87401				
If well is not on either lease, give location of well.	Unit	Sec.	Range	Line	Is gas actually connected?	When	
			25N	5W			

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

COMPLETION DATA

Designate Type of Completion -- (X)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Some Rest. Drift Rest. V.
Date Spudded	Date Ready to Prod.	Total Depth	P.B.T.D.				
Thickness (L.F., R.F., A.T., GR., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth				
Test Name			Depth Coring Size				

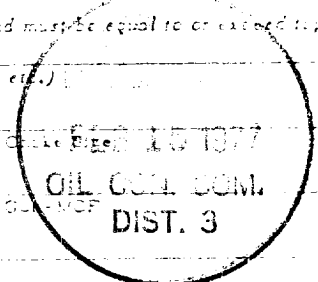
TRIBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Tests must be after recovery of total volume of load oil and must be equal to or exceed the 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 Rate During Test	Oil Rate	Water Rate	



GAS WELL

Actual Rate (MCF/D)	Length of Test	Rate of Condensate/MVCF	Gravity of Condensate
Casing Vent (Spud, 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)
2/9/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
ORIGINAL SIGNED BY R. E. MAXWELL, JR.
BY _____
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.

