

DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104	
SANTA FE		REQUEST FOR ALLOWABLE		Supersedes Old C-104 and C.	
FILE		AND		Effective 1-1-65	
U.S.G.S.		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPERATOR	3				
PRODUCTION OFFICE					
Operator					

Getty Oil Company

Address

Box 3360, Casper, WY 82602

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐ Other (Please explain) *change log. trans.*

Recompletion ☐ Costinghead Gas ☐ Condensate ☐ *Add gas trans.*

Change in Ownership ☒

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Jicarilla C	16	Otero Gallup	State, Federal or Fee Fed. Cont.	#34

Location

Unit Letter D : 890 Feet From The North Line and 990 Feet From The West

Line of Section 34 Township 25N Range 5W, NMPM, Rio Arriba County

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)

Plateau, Inc. Box 108, Farmington, NM 87401

Name of Authorized Transporter of Costinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)

El Paso Natural Gas Co. Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
D	34	25N	5W	yes	

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

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Diff. Restr.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Location (DF, FAE, 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

TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of lead oil and must be equal to or exceeding 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

Check Size

FEB 15 1977

OIL CON. COM.

DIST. 3

AS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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 FEB 15 1977

BY ORIGINAL SIGNED BY H. E. MAXWELL, JR.

PETROLEUM ENGINEER DIST. NO. 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 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.