

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

TO: DIRECTOR	
DISTRIBUTION	
SANITARY	
FILE	
MAIL	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)
Recompletion	☐	Oil	☐	Previous condensate transporter was Plateau, Inc., now it is Permian Corp.
Change in Ownership	☐	Casinghead Gas	☐	
		Dry Gas	☐	
		Condensate	☒	

Change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Lydia Rentz	Well No. 4	Pool Name, including Formation Blanco Mesaverde	Kind of Lease XXXXXXXXXXXXXX Fed.	Lease No. SF-079601
Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line of Section <u>19</u> Township <u>25N</u> Range <u>3W</u> 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)
Permian Corporation	P.O. Box 1528, Denver, CO 80201
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 Company	P.O. Box 990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>19</u> Twp. <u>25N</u> Rge. <u>3W</u>	Yes

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Drill. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (SF, RAB, 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
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)

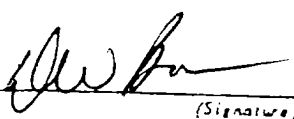
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pumpjack, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Mud Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

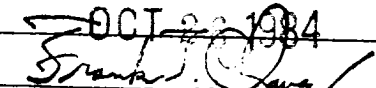
Mud Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

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 is true and complete to the best of my knowledge and belief.


(Signature)
Area Superintendent
(Title)
10-19-34
(Date)

OIL CONSERVATION DIVISION

APPROVED  OCT 22 1984
BY
TITLE SUPERVISOR DISTRICT # 3

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 filled for each pool in multiple completed wells.