EMERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
BANTA FE			
FILE			l
U.S.G.S.	J	L	ŀ
LAND OFFICE	1_		l
TRANSPORTER OIL	L		l
DAS			l
OPERATOR			
PROBATION OFFICE			l

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

	LAND OFFICE	REQUEST FOR ALLOWABLE						
	OPERATOR DAS	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS						
I.	Operator Operator							
	Getty Oil Company Address							
	P.O. Box 3360, Casper		104					
	New Well							
	Recompletion	Cil Dry Go	M					
	Change in Ownership	Casinghead Gas Conder	nsate	JUL2 71984				
	If change of ownership give name and address of previous owner		OIL CON					
11.	DESCRIPTION OF WELL AND LEASE			DIST	DIST			
	Farming "E"	Well No. Pool Name, Including F	T	d of Lease KexXeriesdxxXxxX State	Lease No			
	Location E	3F Basin Dakota	4 444	MANAGEMAKK State	E-1207			
	Unit Letter F : 1160 Feet From The north Line and 790 Feet From The West							
	Line of Section 2 Tox	waship 24N Range	6W , NMPM,	Rio Arriba	County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS								
	Name of Authorized Transporter of Cil Plateau, Inc.	or Condensate 🔀		aich approved copy of this form is to	•			
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas X	Address (Give address to wh	P.O. Box 26251, Albuquerque, NM 87125 Address (Give address to which approved copy of this form is to be sent)				
	El Paso Natural Gas	Company Unit Sec. Twp. Rge.	P.O. Box 990, Far	rmington, NM 87401				
	If well produces oil or liquids, give location of tanks.	F 2 24N 6W	No					
IV.	If this production is commingled wit COMPLETION DATA	this production is commingled with that from any other lease or pool, give commingling order number:						
•••	Designate Type of Completic	on - (X)	1	Plug Back Same Res	v. Diff. Res			
	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.				
	5-10-84	7-12-84	6850 '	6803'				
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 6450 graded GR; 6463 KB Dakota Perforations		Top Oil/Gas Pay 6583	Tubing Depth 6719				
			Depth Casing Shoe					
	6583'-6784' Dakota	TUBING, CASING, AND	CEMENTING RECORD	0844				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEM	^			
	12 1/4" 7 7/8"	8 5/8"; 24# 5 1/2"; 14# & 15.5#	304 ¹ 6844 ¹		1 36707			
		2 3/8"; 4.7#	6719 '					
v.	TEST DATA AND REQUEST FO	AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.)						
	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pur	np, gas lift, etc.j				
	•							
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
	Actual Prod. During Test	Oti-Bble.	Water-Bbls.	Gae-MCF				
GAS WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate				
	4359 Testing Method (pitot, back pr.)	3 hours Tubing Pressure (Shut-in)	12.85 Casing Pressure (Shut-in)	57.1° Choke Size				
	ВР	1255 psi	1260 psi	48/64"				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given			86-84 OIL CONS	SERVATION DIVISION				
			APPROVED AUD UD 1947 19					
	shove is true and complete to the	best of my knowledge and belief.	Original Signed by FRANK T. CHAVEZ					
	. 1		TITLESUPERVISOR DISTRICT # 3					
	101. 1 Bu		This form is to be filed in compliance with MULE 1104.					
	(Signa	iture)	If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 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.					
	Area Superintendent							
	7-23-84							
		(Date) well name or number, or transporter, or other such change of conditions Separate Forms C-104 must be filed for each pool in multi						
		İ	II annulated wells	•	·			

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