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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form O-104
 Superseded OIL C-103 and C-11
 Effective 1-1-65

I. OPERATOR

Operator
 Address **Getty Oil Company**
Box 3360, Casper, WY 82602

Reason(s) for filing (Check, check box) Other (Please explain)

New Well Change in Transporter of:
 Re-completion Oil Dry Gas
 Change in Completion Castorhead 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 **John Charles** Well No. **2** Pool Name, Producing Formation **So Blanco-Pictured Cl.** Kind of Lease **Fed. 1-1-49** Lease No. **Ind-8466**

Location
 Unit Corner **E** **1650** Feet From The **North** Line and **990** Feet From The **West** Line of Section **13** Township **27N** Range **9W**, **NMPM**, **San Juan** County

III. 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)

Name of Authorized Transporter of Castorhead 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 condensate, give location of tanks. Unit Sec. Twp. Rge. Is gas actually connected?

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	Hot Well	Workover	Reopen	Water Bank	Bank Wells	Other Wells
Date of Test	Date Compl. Ready to Prod.	Total Depth	M.S.D.					
Remarks (D.F., H.L., R.T., etc.)	Name of Producing Formation	Top Oil/Gas Flow	10' Test Depth					
Perforations		Depth of Log Sheet						

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 fluid oil and must be equal to or exceed any 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	Casing Pressure	Casing Pressure	Circle Size
Actual Prod. During Test	Oil-Units	Water-Units	Oil-WCF

GAS WELL

Date First Test Run to Tanks	Length of Test	Blow-Off Sequence/MWD	Gravity of Gas Product
Testing Method (Flow, lift, etc.)	Testing Pressure (Start-In)	Casing Pressure (Start-In)	Circle 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.

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

OIL CONSERVATION COMMISSION

APPROVED *[Signature]* 19__

BY **ORIGINAL SIGNED BY W. E. WANKEL, JR.**

TITLE **PETROLEUM ENGINEER**

This form is to be filed in compliance with RULE 1102.
 If this is a request for allowable for a newly drilled or completed 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 O-104 must be filed for each pool in multiple completion wells.