

Director

Getty Oil Company

7541022

P. O. Box 3360, Casper, WY 82602

Procedure(s) for filing (Check proper box)

Other (Please explain)

2000-2001

Change in Transporter of:

Perception

Oil

Dry Gas

Chapter 11. Conclusions

Centrifugal 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

DESCRIPTION OF WELL AND LEASE		Well No., Prod. Name, Pool and Information		Kind of Lease		Lease No.	
Lease Name				State, Federal or Free			
Marshall "A"		5		So. Blanco-Pictured Cr.		Fed SF 073857	
Location							
Unit Letter		1		1650 Feet From The South		Line and 1190 Feet From The East	
Line of Section		15		Township 27N		Range 9W, NMM, San Juan County	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Gas liquids <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>				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, specify amount of bbls. per day				Is gas actually connected? When			
0.000 bbls. per day				yes			

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

V. COMPLETION DATA

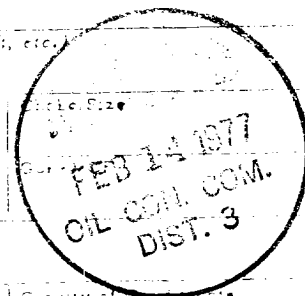
COMPLETION DATA										
Designate Type of Completion - (X)		Oil Well	Gas Well	Steam Well	RT Well	RT Well	Deepen	Plug Back	Same Depth	Other
Date Completed		Date Casing Borehole Bored			Total Depth			P.E.T.D.		
Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			Depth Casing Shoe		
Remarks										

TUDING, CASING, AND CEMENTING RECORD

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be either recovery of total volume of lead oil and must be equal to or exceed by allowable for this depth or be for full 24 hours)

Time After New Oil Put To Tanks	Date of Test	Blowdown Method (If w/ pump, lbs H ₂ O, etc.)
Length of Test	Timing Procedure	Timing Procedure
Approx. Press. During Test	Oil Temp.	Water Temp.



GAS FILE

GAS TABLE			
Actual Test Test-MODE/O	Design of Test	Rate, Condensation/MODE	Gravity of Gas, Rate
Test, Sampled (pump, last pt.)	Timing Procedure (Start-In)	Coasting Procedure (Start-In)	Shut-Off

1. 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.

APPROVED _____, 19

BY ORRIN L. GIBSON, JR.

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowance 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 transportation or other such change of condition.

Separate Form C-104 must be filed for each pool in multiple deferral. If: