NO. OF COPIES NECTIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.5.			
LAND OFFICE			 ↓
TRANSPORTER	OIL		
	GAS	\coprod	
OPERATOR			<u> </u>
PRODUCTION OFFICE		7	T

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	REQUEST FO	SERVATION COMMISSION OR ALLOWABLE AND SPORT OIL AND NATURAL GA	Supersedes Old C-104 and C-116 Effective 1-1-65	
1. PRORATION OFFICE Operator				
Getty 011 Company				
Reason(s) for filing (Check proper both	Change in Transporter of:	Other (Please explain) Dual completion	lower zone Dakota,	
Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condense	upper zone Mesa Verde		
If change of ownership give name and address of previous owner		110. 110.2420		
II. DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including For	mation Kind of Lease	Lease No.	
Mexico-Fed "R"	1 Blanco Mesa	Verde State, Federal	Fed 10183	
Unit Letter H : 1	31 Range	. NMPM.	County	
Line of Sterion	Ownship T.3N	ESW	·	
III. DESIGNATION OF TRANSPO	or consensate			
Name of Authorized Transporter of C		Address (Give address to which approx P	4	
Kl Paso Natural Gas If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	No		
If this production is commingled IV. COMPLETION DATA	with that from any other lease or pool, a	New Well Workover Deepen	Plug Back Same Resty. Diff, Resty.	
Designate Type of Comple		Total Depth	P.B.T.D.	
Date Spudded 9/8/76	Mess Verde Zone	6900 1 Top Cil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR, etc. 5799 GR	Name of Producing Pointailon Messa Verde	44841	Depth Casing Shoe	
Perforations 4484*-4524*	TURING CASING AND	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		invaluation of land of	il and must be equal to or exceed top allow-	
V. TEST DATA AND REQUEST OH, WELL Date First New Off Bun To Tanks	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, gas		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbla.	Water - Bols.	Gds - MCF	
GAS WELL Actual Prod. Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
8111 AOF Testing Method (pitot, back pr.)	74 hrs Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Back Press. VI. CERTIFICATE OF COMPL	IANCE	MIN .	VATION COMMISSION	
I hereby certify that the rules Commission have been companied to true and complete to	and regulations of the Oil Conservation is dwith and that the information give the beat of my knowledge and belief	APPROVED Original Signed TITLE	In compliance with RULE 1104.	
ld m	gut	If this is a request for a	llowable for a newly difficult of the deviation mpanied by a tabulation of the deviation	
Administrative Assistant (Tule)		All sections of this form must be filled out completely for sllov able on new and recompleted wells. Fill out only Sections I. II. and VI for changes of conditions of transporter or other such change of conditions.		
	(Date)		must be filed for each pool in multipl	

*** , 4