

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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| I. Operator | |
| Getty Oil Company | |
| Address P.O. Box 3360, Casper, WY 82602 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| New Well <input type="checkbox"/> | Previous transporter was Permian Corp. |
| Recompletion <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | |
| Change in Transporter of: | |
| Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Casinghead Gas <input type="checkbox"/> | Condensate <input checked="" type="checkbox"/> |

If change of ownership give name and address of previous owner

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|--|---------------|--|--|--------------------|
| II. DESCRIPTION OF WELL AND LEASE | | | | |
| Lease Name Mexico Fed. "R" | Well No. 1 | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee Fed | Lease No. 10183 |
| Location Unit Letter H : 1830 Feet From The North Line and 790 Feet From The East | | | | |
| Line of Section 12 Township 31N Range 13W, NMPM, San Juan County | | | | |

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| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | |
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Giant Refining Co. | P.O. Box 256, Farmington, NM 87401 |
| Name of Authorized Transporter of Casinghead Gas <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 | P.O. Box 990, Farmington, NM 87401 |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. Is gas actually connected? When |
| H 12 31N 13W | Yes 10-29-76 |

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

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| IV. COMPLETION DATA | |
| Designate Type of Completion - (X) | Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res |
| Date Spudded | Date Compl. Ready to Prod. Total Depth P.B.T.D. |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation Top Oil/Gas Pay Tubing Depth |
| Perforations | Depth Casing Shoe |

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|--------------------------------------|----------------------|-----------|--------------|
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
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| V. 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, pump, gas lift, etc.) |
| Length of Test | Tubing Pressure Casing Pressure Choke Size |
| Actual Prod. During Test | Oil-Bbls. Water-Bbls. Gas-MCF |

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|----------------------------------|--|
| GAS WELL | |
| Actual Prod. Test-MCF/D | Length of Test Bbls. Condensate/MCF Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) Casing Pressure (shut-in) Choke Size |

