

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator
Getty Oil Company

Address
P.O. Box 3360 Casper, Wyoming 82602

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

Dual Completion

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Mexico Federal R</u>	Well No. <u>1 M</u>	Pool Name, Including Formation <u>Blanco Mesquite-Basin Dakota</u>	Kind of Lease State, Federal or Free	Lease No. <u>MM-080280</u>
Location Unit Letter <u>C</u> ; <u>1170</u> Feet From The <u>North</u> Line and <u>1805</u> Feet From The <u>West</u>				
Line of Section <u>12</u> Township <u>31 N</u> Range <u>13 W</u> , NMPM, <u>San Juan</u> County				

III. 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 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)
<u>El Paso Natural Gas</u>	<u>P.O. Box 990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No 2-15-81

IV. COMPLETION DATA

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

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded <u>10-12-79</u>	Date Compl. Ready to Prod. <u>1-10-81</u>	Total Depth <u>6910</u>	P.B.T.D. <u>6870</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5894 GR</u>	Name of Producing Formation <u>Mesa Verde & Dakota</u>	Top Oil/Gas Pay <u>Mesa Verde</u>	Tubing Depth <u>Mesa Verde 4589'</u> <u>Dakota 6653'</u>					
Perforations <u>Dakota 6820-6842' and 6722-6800' Mesa Verde 4456-4725'</u>			Depth Casing Shoe <u>6910</u>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>14 3/4"</u>	<u>10 3/4"</u>	<u>32.75#</u>	<u>268'</u>		<u>275</u>			
<u>9 3/4"</u>	<u>7 5/8"</u>	<u>26.4 #</u>	<u>4072'</u>		<u>1050</u>			
<u>6 3/4"</u>	<u>5 1/2"</u>	<u>15.5 #</u>	<u>6910'</u>		<u>575</u>			
<u>Tubing for Dakota 2 3/8" @ 6653' and Mesa Verde 2 3/8" & 1" @ 4589'</u>								

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

GAS WELL

Actual Prod. Test - MCF/D <u>Dakota CAOF 467 MCF/D</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>BP</u>	Tubing Pressure (Shut-in) <u>1332</u>	Casing Pressure (Shut-in) <u>Packer</u>	Choke Size <u>3/4"</u>

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Charles E Mowry for H. E. Aab
Area Superintendent 1/18/81
(Title)
(Date)

OIL CONSERVATION DIVISION
MAR 13 1981

APPROVED _____, 19____

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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

If this is a request for allowable 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 transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

