

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501Form C-104  
Revised 10-1-78REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

|                        |     |
|------------------------|-----|
| NO. OF COPIES REQUIRED |     |
| DISTRIBUTION           |     |
| SANTA FE               |     |
| FILE                   |     |
| U.S.G.S.               |     |
| LAND OFFICE            |     |
| TRANSPORTER            | OIL |
|                        | GAS |
| OPERATOR               |     |
| PROMOTION OFFICE       |     |

Operator  
Getty Oil Company

Address

P.O. Box 3360, Casper, Wyoming 82602

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☒

Other (Please explain)

Previous transporter was Giant Refining

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

|                    |          |                                |                               |                                   |
|--------------------|----------|--------------------------------|-------------------------------|-----------------------------------|
| Lease Name         | Well No. | Pool Name, including Formation | Kind of Lease                 | Lease No.                         |
| Mexico Federal "R" | 1-M      | Basin Dakota                   | State, Federal or Fee Federal | NM080280                          |
| Location           |          |                                |                               |                                   |
| Unit Letter        | C        | 1120 Feet From The north       | Line and 1805                 | Feet From The west                |
| Line of Section    | 12       | Township                       | 31N                           | Range 13W, NMPM, San Juan, County |

## 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) |
| Permian Corporation                                                                                                      | P.O. Box 1528, Denver, CO 80201                                          |
| 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 Company                                                                                              | P.O. Box 990, Farmington, NM 87499                                       |
| If well produces oil or liquids,<br>give location of tanks.                                                              | Unit Sec. Twp. Rge.                                                      |
|                                                                                                                          | C 12 31N 13W                                                             |
| Is gas actually connected?                                                                                               | when                                                                     |
| Yes                                                                                                                      | 4-10-81                                                                  |

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        | New Well     | Workover | Deepen | Plug Back | Same Restv. | 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           |                 |              |          |        |           |             |           |
| 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 load oil and natural gas 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 (Flowline, Pump, etc.) |
| Length of Test                  | Tubing Pressure | Casing Pressure                         |
| Actual Prod. During Test        | Oil - Bbls.     | Water - Bbls.                           |

RECEIVED  
AUG 27 1984  
OIL CON. DIV.  
DIST. 3

## GAS WELL

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

## 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.

*[Signature]*  
Area Superintendent  
(Title)

8-22-84

(Date)

## OIL CONSERVATION DIVISION

APPROVED AUG 27 1984, 19  
BY *[Signature]*  
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 deviated 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 multiple

