

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.C.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

Getty Oil Company

Address

P.O. Box 3360, Casper, WY 82602-3360

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 condensate transporter was
Giant Refining Co., now it is Permian
Corporation.If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Mexico Federal "M"	1A	Blanco Mesa Verde	XXXXXX Fed	NM-08028
Location				
Unit Letter	P	1025 Feet From The South	Line and 1120.	Feet From The East
Line of Section	12	Township	31N	Range 13W
		NMPM.		San Juan
County				

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, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	P	12	31N	13W	Yes	7-28-80

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

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

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 ullage
able for this depth or be for full 24 hours)

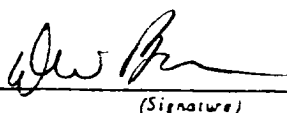
date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Prod. Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

RECEIVED
OCT 26 1984
OIL CON. DIV.
DIST. 3

AS WELL

Prod. 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)

10-18-84

(Date)

OIL CONSERVATION DIVISION

APPROVED

OCT 26 1984

BY


SUPERVISOR DISTRICT 3

TITLE

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

If this is a request for allowable for a newly drilled or deepene
well, this form must be accompanied by a tabulation of the deviatie
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow
able 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 conditioSeparate Forms C-104 must be filed for each pool in multipl
completed wells.

