

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	3
PRODUCTION OFFICE	

Getty Oil Company

Box 3360, Casper, WY 82602

Produce(s) for filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Ownership ☒

Change in Transporter of:

Oil ☐
Crudehead Gas ☐

Dry Gas ☐
Condensate ☐

Other (Please explain)

change by hand

If change of ownership give name and address of previous owner

Skelly Oil Company, Box 3360, Casper, WY 82602

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Jicarilla "B"	4	Otero Gallup	State, Federal or Fee	Fed. Cont. #68
Location	Unit Center	M 660 Feet From The South Line and 660 Feet From The West	Line of Section	32
Township	25N	Range	5W	NMNM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)				
Pi Abreu, Inc.	Box 108, Farmington, NM 87401				
Name of Authorized Transporter of Crudehead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Co.	Box 990, Farmington, NM 87401				
Well No. (See also Section I, Item 1)	Unit	Sec.	Twp.	Range	Is gas actually produced? When
	B	28	25N	5W	

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	Some Restr.	Unit Restr.
Depth of Well	Date Compl. Ready to Prod.	Total Depth	R.B.T.D.					
Thickness of HT, LT, E, HT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Taking 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 must be equal to or exceed top allowable for this depth or be for full 24 hours)

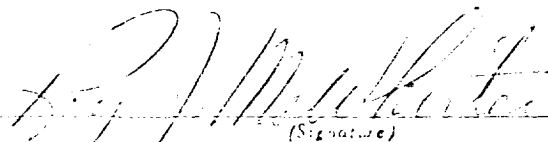
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Taking Pressure	Casing Pressure	Cable Size
Area of Shut-in Test	Oil-Bbls.	Water-Bbls.	Grav. of Condensate

GAS WELL

Area of Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Grav. of Condensate
Pressure (psi, bar, etc.)	Taking Pressure (Shut-in)	Casing Pressure (Shut-in)	Cable Size

CERTIFICATE OF COMPLIANCE

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

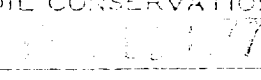


Area Superintendent

2/9/77

(Date)

OIL CONSERVATION COMMISSION

APPROVED  19

BY 

TITLE

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.

