

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator
Getty Oil Company

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

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Condensed Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

Skelly Oil Company, Box 3360, Casper, WY 82602

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Section, Township, Range	Kind of Lease	Lease No.
L. L. McConnell	4	So. Blanco-Pictured Cliffs	State, Federal or Fee	Fed SF 079602
Location	Unit Letter	Feet From The	Line and	Feet From The
	D	1115	North	980
			West	
Line of Section	Township	Range	County	
31	25N	3W	Rio Arriba	

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 Condensed 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		Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit	Is gas actually collected? When
		yes

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

COMPLETION DATA

Designate Type of Completion -- (X)	Top Well	Gas Well	New Well	Recompletion	Drill-in	Plug Back	Stake Back	Well Work
None Entered								
Excavations (DF, AFB, AT, GR, etc.)	Name of Distributing Commission	Top Oil/Gas Pay	Total Depth	FEET/D.	Tubing Depth	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

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Brine	Circle Size

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bottom Condensate/WMOF	Gravity of Condensate
Flowing Surface (Flow, back lift)	Tubing Pressure (psig-in)	Casing Pressure (psig-in)	Circle 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.

[Signature]
Area Superintendent
(Title)
2/9/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED *[Signature]*, 1977

BY ORIGINAL SIGNED BY N. E. MAXWELL, JR.
PETROLEUM ENGINEER DIST. NO. 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 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 Form O-104 must be filed for each pool in multiple completed wells.