

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

JUL 30 1984

OIL CON. DIV.
DIST. 3

I. OPERATOR

Operator: Getty Oil Company

Address: P.O. Box 3360, Casper, Wyoming 82602

Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain): The previous gas transporter was El Paso Natural Gas Company. The well was re-connected to Getty's compressor, and Getty is now the transporter.

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla "C"</u>	Well No. <u>16</u>	Pool Name, including Formation <u>Otero Chacra</u>	Kind of Lease State of New Mexico <u>Ind.</u>	Lease No. <u>Cont. #3</u>
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Location:
 Unit Letter D; 890 Feet From The North Line and 990 Feet From The West
 Line of Section 34 Township 25N Range 5W, NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>N/A</u>	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"/> <u>Getty Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 3360, Casper, WY 82602</u>

If well produces oil or liquids, give location of tanks: Unit -- Sec. -- Twp. -- Rge. --
 Is gas actually connected? yes When 7-24-84, 1st Del. 7-25-84

If this production is commingled with that from any other lease or pool, give commingling order number: R-2607

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	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		

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	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

I. 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]
Acting Area Superintendent
(Title)

7-26-84
(Date)

OIL CONSERVATION DIVISION
JUL 30 1984, 19____
 APPROVED _____
 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 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 completed wells.