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	GAS	1	
OPERATOR		4	
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NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-101 and C-110

Effective 1-1-65

Operator

Getty Oil Company

Address

Box 3360, Casper, WY 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)

Also change gas trans.

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.	Pool Name, including Formation	Kind of Lease	Lease No.
Jicarilla "C"	12	Otero Chacra	State, Federal or Fee Federal	Cont. #34

Location

Unit Letter C

990

Feet From The North

Line and

1650

Feet From The West

Line of Section 33

Township 25N

Range 5W

NWPM,

Rio Arriba

County

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)
Name of Authorized Transporter of Casinghead Gas ☐	or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Getty Oil Company		Box 3360, Casper, WY 82602

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RHB, 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 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 (shot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke 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 ORIGINAL SIGNED BY H. E. MAXWELL, JR.

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.

Section V - Gas - must be filled for each pool in multiple