

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-11  
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 |     |   |

Operator  
Getty Oil Company  
Address  
Box 3360, Casper, WY 82602  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Re-completion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Costinghead Gas ☐ Condensate ☐  
Other (Please explain)  
change log trans.  
add 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 "B"   | 13       | Otero Gallup                                             | State, Federal or Fee Fed. Cont. | #68               |
| Location        |          |                                                          |                                  |                   |
| Unit Letter     | B        | 660 Feet From The North Line and 1980 Feet From The East |                                  |                   |
| Line of Section | 32       | Township 25N Range 5W                                    | NMPM                             | Rio Arriba County |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                           |                                                                          |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>          | Address (Give address to which approved copy of this form is to be sent) |
| Plateau, Inc.                                                                                                             | Box 108, Farmington, NM 87401                                            |
| Name of Authorized Transporter of Costinghead 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 Co.                                                                                                   | Box 990, Farmington, NM 87401                                            |
| If well produces oil or liquids, give location of tanks.                                                                  | Unit Sec. Twp. Rge.<br>B 28 25N 5W                                       |
| Is gas actually connected?                                                                                                | When                                                                     |

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

COMPLETION DATA

|                                    |                             |                 |               |          |        |           |            |             |
|------------------------------------|-----------------------------|-----------------|---------------|----------|--------|-----------|------------|-------------|
| Designate Type of Completion - (X) | On Well                     | Gas Well        | New Well      | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv. |
| Date Spurred                       | Date Compl. Ready to Prod.  | Total Depth     | F.B.T.D.      |          |        |           |            |             |
| Production (OP, RPB, NT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Testing Depth |          |        |           |            |             |
| Perforations                       | Depth Casing Shoe           |                 |               |          |        |           |            |             |

| TUBING, CASING, AND CEMENTING RECORD |                      |           |              |
|--------------------------------------|----------------------|-----------|--------------|
| HOLE SIZE                            | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|                                      |                      |           |              |
|                                      |                      |           |              |

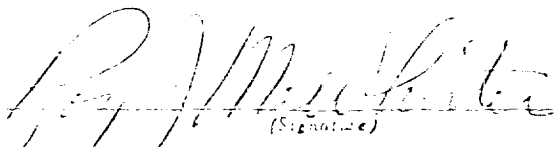
TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed test allowable for this depth or be for full 24 hours)

|                                 |                  |                                               |                                                     |
|---------------------------------|------------------|-----------------------------------------------|-----------------------------------------------------|
| Date First New Oil Run To Tanks | Date of Test     | Producing Method (Flow, pump, gas lift, etc.) | APPROVED<br>JAN 20 1977<br>GAL-MCF<br>COM.<br>10003 |
| Length of Test                  | Testing Pressure | Casing Pressure                               |                                                     |
| Artificial Fluid During Test    | Oil-Test.        | Water-Test.                                   |                                                     |
|                                 |                  |                                               |                                                     |

|                                 |                            |                           |                       |                       |
|---------------------------------|----------------------------|---------------------------|-----------------------|-----------------------|
| Gas Well                        | Area of Land, Tract-MCF/O  | Length of Test            | Prod. Condensate, MCF | Gravity of Condensate |
| Testing Method (Flow, Back Pk.) | Testing 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.

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

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY ORIGINAL SIGNED BY N. 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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.