

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

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

|                     |     |   |
|---------------------|-----|---|
| DISTRIBUTION        |     |   |
| SANTA FE            |     |   |
| FILE                |     |   |
| U.S.G.S.            |     |   |
| LAND OFFICE         |     |   |
| TRANSPORTER         | OIL | 1 |
|                     | GAS | 1 |
| OPERATOR            |     | 3 |
| REGISTRATION OFFICE |     |   |
| Operator            |     |   |

Getty Oil Company

Address

Box 3360, Casper, WY 82602

Picture(s) for filing (Check proper box)

Other (Please explain)

New Well ☐

Change in Transporter of:

Recompletion ☐

Oil ☐

Dry Gas ☐

Change in Ownership ☒

Condensate Gas ☐

Condensate ☐

Add lig. Trans.

If change of ownership give name and address of previous owner

Shelly Oil Company, Box 3360, Casper, WY 82602

II. DESCRIPTION OF WELL AND LEASE

|                 |             |          |      |                                |              |               |                       |            |               |        |
|-----------------|-------------|----------|------|--------------------------------|--------------|---------------|-----------------------|------------|---------------|--------|
| Lease Name      | Jicarilla C | Well No. | 18   | Pool Name, including Formation | Otero Chacra | Kind of Lease | State, Federal or Fee | Fed. Cont. | Lease No.     | #34    |
| Location        |             |          |      |                                |              |               |                       |            |               |        |
| Unit Letter     | H           |          | 1850 | Feet From The                  | North        |               | Line and              | 790        | Feet From The | East   |
| Line of Section | 28          | Township | 25N  | Range                          | 5W           |               | 1000M                 |            | Rio Arriba    | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |     |    |     |  |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----|----|-----|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" 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 Condensate 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                                            |     |    |     |  |
| Is well producer of oil or liquids, give location of tanks.                                                              | Is gas actually transported? When                                        |     |    |     |  |
| H                                                                                                                        | 28                                                                       | 25N | 5W | Yes |  |

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

IV. COMPLETION DATA

|                                    |                             |                 |                   |           |        |           |                        |
|------------------------------------|-----------------------------|-----------------|-------------------|-----------|--------|-----------|------------------------|
| Designate Type of Completion - (X) | Oil Well                    | Gas Well        | New Well          | Well over | Deepen | Plug Back | Some Restr. Prod. Test |
| Time to First Flow                 | Rate Through Borehole Prod. | Total Depth     | F.R.T.D.          |           |        |           |                        |
| Deviation (DR, FKB, RT, GR, etc.)  | Name of Producing Formation | Top Oil/Gas Pay | Testing Depth     |           |        |           |                        |
| Depth of Casing                    |                             |                 | Depth Casing Side |           |        |           |                        |

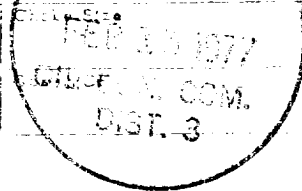
TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of trial volume of liquid oil and must be equal to or exceed in volume 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                  | Timing Procedure | Casing Pressure                               |
| Actual First Flowing Test       | Oil Rate         | Water Rate                                    |



GAS WELL

|                                  |                            |                           |                       |
|----------------------------------|----------------------------|---------------------------|-----------------------|
| Actual First Test - MCF/D        | Length of Test             | Rate of Condensate MCF/D  | Gravity of Condensate |
| Timing Procedure (Shut-in, etc.) | Timing Procedure (Shut-in) | Casing Pressure (Shut-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.

*[Signature]*  
(Signature)

Area Superintendent

(Title)

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.

Separate Form O-104 must be filed for each pool in multiply completed wells.

