

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 2 GAS 1
OPERATOR	4
REGISTRATION OFFICE	

I. Operator
Getty Oil Company
Address
P. O. Box 3360, Casper, WY 82602
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Gasland Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name and address of previous owner
Skelly Oil Company, Box 3360, Casper, WY 82602

II. DESCRIPTION OF WELL AND LEASE
Lease Name
Lydia Rentz
Well No.
5
Field Name, including Formation
So Blanco-Pictured Cliffs
Kind of Lease
State, Federal or Fee
Fed SF
Lease No.
979601
Location
Section
P
T190
Feet From The
South
Line and
990
Feet From The
East
Line of Section
20
T25
25N
Range
3W
NMPM
Rio Arriba
County

III. 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 Gas ☐ or Dry Gas ☒
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 and gas, specify amount of each.
If gas actually separated? When

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)
Type of Completion
Date Drilling Begins or Ends
Total Depth
R.E.D.D.
Theoretical P, N.A.H., A.T., G.A., etc.,
Name of Formation Formation
Top Oil/Gas Pay
Testing Depth
Depth Coring Close
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE
CASING & TUBING SIZE
DEPTH SET
SACKS CEMENT

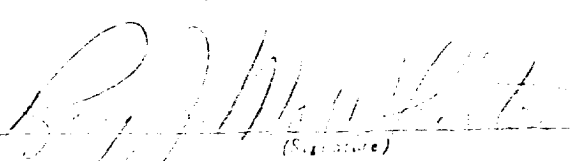
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL
Date First New Oil Flow To Tanks
Date of Test
Producing Method (Flow, pump, gas lift, etc.)
Length of Test
Flow Pressure
Casing Pressure
Choke Size
Actual Period During Test
Oil Rate
Water Rate
Gas MCF

GAS WELL
Actual Period During Test
Date of Test
Flow Condensate MCF
Gravity of Condensate
Testing and separator, tank, etc.
Flow Pressure (Start-End)
Casing Pressure (Start-End)
Choke Size

VI. 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
BY ORIGINAL SIGNED BY
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 C-104 must be filed for each pool in multiply completed wells.
