

DISTRIBUTION		
SANITARY		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		3
PRODUCTION OFFICE		

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-110  
Effective 1-1-65

Operator  
**Getty Oil Company**

Address  
**Box 3360, Casper, WY 82602**

Reason(s) for filing (Check proper box)      Other (Please explain)

New Well       Change in Transporter of:      Oil       Dry Gas

Recompletion       Castinthead Gas       Condensate

Change in Ownership       *Add by trans. PLA*

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 <b>Jicarilla C</b>	Well No. <b>10</b>	Pool Name, Including Formation <b>Otero Chacra</b>	Kind of Lease State, Federal or Fee <b>Fed. Cont.</b>	Lease No. <b>#34</b>
Location				
Unit Letter <b>M</b>	<b>1190</b>	Feet From The <b>South</b>	Line and <b>1190</b>	Feet From The <b>West</b>
Line of Section <b>22</b>	Township <b>25N</b>	Range <b>5W</b>	, NMPM, <b>Rio Arriba</b> County	

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)
<b>Plateau, Inc.</b>	<b>Box 108, Farmington, NM 87401</b>
Name of Authorized Transporter of Castinthead 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)
<b>El Paso Natural Gas Co.</b>	<b>Box 990, Farmington, NM 87401</b>
If well produces oil or liquids, give location of tanks.	Unit    Sec.    Twp.    Rng.    Is gas actually collected?    When
	<b>1    22    25N    5W    yes</b>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
<b>(X)</b>								
Date Spudded	Core Graph. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, FAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

SOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (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/NMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure ( 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]*  
Area Superintendent  
(Title)  
2/9/77  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_

BY **ORIGINAL SIGNED BY R. E. MAXWELL, JR.**

TITLE **PERMISSION REQUIREMENT DISP. NO. 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 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.