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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	7
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)

New Well

Change in Transporter of:

Oil

Dry Gas

Other (Please explain)

Recompletion

Casinghead Gas

Condensate

Also change gas trans

Change in Ownership

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	Lens No.
Jicarilla "C"	13	Otero Chacra	Federal Cont. #34
Location			
Unit Letter	B	990 Feet From The North Line and	1650 Feet From The East
Line of Section	33	Township 25N Range 5W, NE/4, 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		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	Drill Bit	Plug Back	Some Resv.	Diff. Perv.
Date Sp. Drilled	Bore Casing Ready to Prod.			Total Depth	P.B.T.D.			
Elevations (DP, N.E., RT, CR, etc.)	Name of Producing Formation			Top CH/Gas Pay	Tubing Depth			
Perforations				Depth Casing Shoe				

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

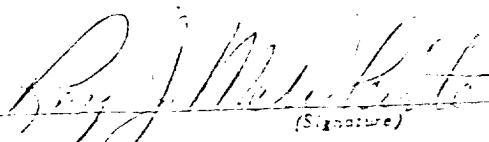
TEST DATA AND REQUEST FOR ALLOWABLE		(Test must be after recovery of total volume of liquid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Ncf

GAS WELL

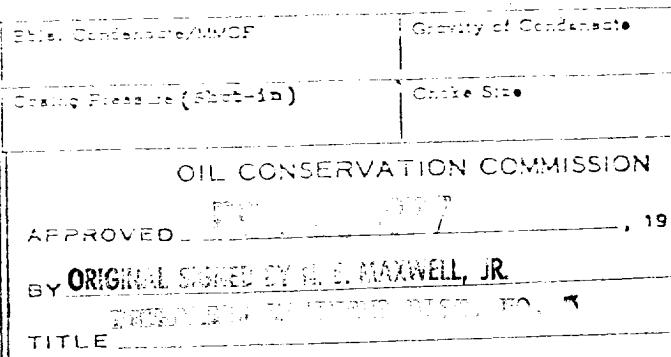
Actual Prod. Test-Mcf/D	Length of Test	Oil, Condensate/MWCF	Gravity of Condensate
Testing Period (1 hr, 1/2 hr, 1/4 hr)	Tubing Pressure (Stat-in)	Casing Pressure (Short-in)	Choke Size

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
(Title)

2/9/77
(Date)

OIL CONSERVATION COMMISSION
APPROVED: 
BY ORIGINAL SIGNED BY M. E. MAXWELL, JR.
TITLE: STATE ENGINEER, NEW MEXICO, NO. 19

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.

Fill out Sections I, II, III, and VI for each pool in multiply-