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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:
Recompletion ☐	Oil ☐
Change In Ownership ☒	Coastinghead Gas ☐
	Dry Gas ☐
	Condensate ☐

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 Jicarilla "C"	Well No. 13
Pool Name, including Formation South Blanco-Pictured Cl.	Kind of Lease State, Federal or Fee
	Lease No. Federal Cont. #34
Location	
Unit Letter B	Feet From The 990
	North
	Line and 1650
	Feet From The East
Line of Section 33	Township 25N
	Range 5W
	NWPM, 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 Coastinghead Gas ☐ or Dry 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
	Deepen
	Plug Back
	Some Res'tv.
	Diff. Part'n.
Date Spudded	Date Compl. Ready to Prod.
	Total Depth
	P.B.T.D.
Elevations (DE, RKB, RT, GR, etc.)	Name of Producing Formation
	Top Oil/Gas Pay
	Tubing Depth
Perforations	Depth Casing Shoe

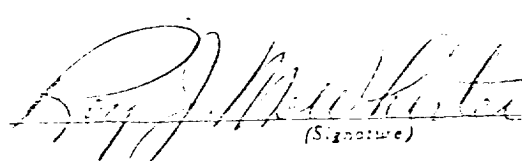
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load 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.)	
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/MCF	Gravity of Condensate
Testing Method (part, 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 M. L. MARSHALL, JR.
PETROLEUM ENGINEER DIST. NO. 3

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.

Section C-104 must be filed for each pool in multiply