

TO: DISTRICT SUPERVISOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.C.S.	
LAND OFFICE	
TRANSPORTER OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Getty Oil Company  
Address  
P.O. Box 3360, Casper, WY 82602-3360

Reason(s) for filing (Check proper box)  
 New Well  Change In Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change In Ownership  Casinghead Gas  Condensate

Other (Please explain)  
Previous condensate transporter was Plateau, Inc., now it is Permian Corp.

Change of ownership give name and address of previous owner \_\_\_\_\_

DESCRIPTION OF WELL AND LEASE

Lease Name C.W. Roberts	Well No. 3A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease <del>XXXXXX</del> Fed.	Lease No. SF-07960
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Location  
Unit Letter L : 1650 Feet From The South Line and 810 Feet From The West  
Line of Section 18 Township 25N Range 3W , NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Denver, CO 80201
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3360, Casper, WY 82602-3360

If well produces oil or liquids, give location of tanks. Unit J Sec. 18 Twp. 25N Rge. 3W Is gas actually connected? yes When 4-12-82

COMPLETION DATA (If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_)

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res. Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (D.F., R.A.S., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations	Depth Casing Show						

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 top allowable for this depth or be for full 24 hours)

Site First New Oil Run To Tanks	Date of Test	Producing Method (Flow)
Depth of Test	Tubing Pressure	Casing Pressure
Flow Prod. During Test	Oil-Bbls.	Water-Bbls.
		Gas-MCF

**RECEIVED**  
OCT 26 1984  
OIL CON. DIV.  
DIST. 3

TEST DATA AND REQUEST FOR ALLOWABLE GAS WELL

Flow Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division 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)  
10-19-84  
(Date)

OIL CONSERVATION DIVISION  
APPROVED OCT 26 1984, 19\_\_\_\_  
BY Frank J. [Signature]  
TITLE SUPERVISOR DISTRICT # 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 deviatric 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 multiple completed wells.