

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Operator Getty Oil Company	
Address P.O. Box 3360, Casper, Wyoming 82602-3360	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name L.L. McConnell	Well No. 13	Pool Name, Including Formation West Lindrith Gallup-Dakota	Kind of Lease Federal	Lease No. 079602
Location Unit Letter <u>N</u> : <u>970</u> Feet From The <u>South</u> Line and <u>1800</u> Feet From The <u>West</u>				
Line of Section <u>31</u> Township <u>25N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Giant Refinery	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256 Farmington NM 87401			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 31	Twp. 25N	Rge. 3W

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res <input type="checkbox"/>
Date Spudded 6-14-82	Date Compl. Ready to Prod. 10-12-82		Total Depth 8091'		P.B.T.D. 7930' cmt ret			
Elevations (DF, RKB, RT, GR, etc.) 7254' GR, 7266' KB	Name of Producing Formation Gallup/Dakota		Top Oil/Gas Pay 6882'		Tubing Depth 7736'			
Perforations 6882'-7841' Gallup/Dakota (commingled downhole)					Depth Casing Shoe 8091'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		317'		See Attached			
7 7/8"	5 1/2" 14, 15.5, & 17#		8091'		See Attached			
-	2 3/8" 4.7#		7736'		-			

VI. 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)

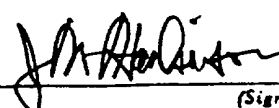
Date First Flow Oil Run To Tanks Well SI-Wait on PLC SI-10-23-82	Date of Test IP test on 10-22-82	Producing Method (Flow, pump, gas lift, etc.) Pumping on 1 1/4" insert pump	
Length of Test 15 hrs	Tubing Pressure 150#	Casing Pressure 700#	Choke Size -
Actual Prod. During Test 68 BO-15 hrs	Oil-Bbls. 109 BOPD	Water-Bbls. 16 BWPD	Gas-MCF 246 MCFGPD

* Will submit C-116 within approx 20 days from the date well is connected

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MWCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. 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.



Area Superintendent

(Title)

10-27-82

(Date)

OIL CONSERVATION DIVISION

1-18-83
APPROVED JAN 18 1983

Original Signed by FRANK T. CHAVEZ

BY SUPERVISOR DISTRICT # 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 deviated 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

Attachment

Item #28 - Cementing Record

8 5/8" Casing - Cemented w/ 325 cu ft of Class "B" cmt w/ 2% & 69# of Flocele. Circ out 35 cu ft of good cmt.

5 1/2" Casing - Cemented 1st Stage w/ 320 cu ft of 65/35 Poz cmt w/ 6% gel, 12 1/2# gilsonite, & 40# Flocele. Tailed w/ 389 cu ft of Class "H" Self-Stress cmt w/ 0.6% fluid loss additive. Circ out 10 cu ft of cmt.

Cemented 2nd Stage w/ 2800 cu ft of 65-35 Poz cmt w/ 6% gel, 12 1/2# gilsonite & 350# of Flocele. Tailed w/ 419 cu ft of 50-50 Poz cmt w/ 2% gel & 81# of Flocele

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P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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	GAS
OPERATOR	
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Getty Oil Company
Address
P. O. Box 3360, Casper, Wyoming 82602-3360

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>	Please note that both of the transporters reported on original C-104 were incorrect.
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input checked="" type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
L.L. McConnell	13	West Lindrith Gallup-Dakota	XXXXXX Federal	SF-079602

Location

Unit Letter N ; 970 Feet From The South Line and 1800 Feet From The West

Line of Section 31 Township 25N Range 3W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Giant Refining Co.	P.O. Box 256, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O.Box 990, Farmington, NM 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	31	25N	3W	No	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, 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

VI. 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)

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/MMCF	Gravity of Condensate

Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

I. 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.

J. M. Robinson
(Signature)
Area Superintendent
(Title)
10-28-82
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

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All sections of this form must be filled out completely for allowable on new and recompleted wells.

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Separate Forms C-104 must be filed for each pool in multiple completed wells.