

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
| NO. OF COPIES REQUIRED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.B. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PROMOTION OFFICE | |

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

| | | |
|--|---|--|
| Reason(s) for filing (Check proper box) | Change in Transporter of: | Other (Please explain) |
| New Well <input type="checkbox"/> | Oil <input checked="" type="checkbox"/> | Previous oil transporter was |
| Recompletion <input type="checkbox"/> | Dry Gas <input type="checkbox"/> | Plateau, Inc., now it is Permian Corp. |
| 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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|-----------------|--|--|---------------------------|
| Lease Name Jicarilla "B" | Well No. 26E | Pool Name, including Formation Otero Gallup | Kind of Lease XXXXXXXXXXXXXX Indian | Lease No. Contract #68 |
| Location Unit Letter J : 1600 Feet From The South Line and 1850 Feet From The East Line of Section 31 Township 25N Range 5W , NMPM, Rio Arriba County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | |
|---|--|-------------------------------|------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input 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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87499 | | |
| If well produces oil or liquids, give location of tanks. | Unit J Sec. 31 Twp. 25N Rge. 5W | Is gas actually connected? No | When |

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'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 |
|-----------|----------------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

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 ullage for this depth or be for full 24 hours)

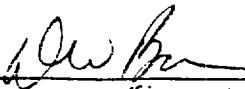
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil-Bbls. | Water-Bbls. | Gas-MCF |

AS WELL


| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Setting Method (pilot, 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 Division 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)
10-16-84
(Date)

OIL CONSERVATION DIVISION

APPROVED  OCT 26 1984
BY
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.

