

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. Operator
Getty Oil Company

Address
P.O. Box 3360, Casper, WY 82602

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

JUL 16 1984

OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla "C"	Well No. 28E	Pool Name, Including Formation Basin Dakota	Kind of Lease Indian	Lease No. Cont. #34
Location Unit Letter E 1850 Feet From The north Line and 990 Feet From The west Line of Section 34 Township 25N Range 5W NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26251 Albuquerque, NM 87125
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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 E Sec. 34 Twp. 25N Rge. 5W	Is gas actually connected? When No

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.
		X	X					
Date Spudded 4-30-84	Date Compl. Ready to Prod. 6-22-84	Total Depth 7312'	P.B.T.D. 7269'					
Elevations (DF, RKB, RT, GR, etc.) 6830' graded GR; 6842' KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 7169'	Tubing Depth 7195'					
Perforations 7169'-7238' Dakota	Depth Casing Shoe 7312'							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8", 24#	305'	see attached 325 cu ft
7 7/8"	5 1/2", 14#, 15.5#, 17#	7312'	see attached 314 cu ft
	2 3/8", 4.7#	7195'	

V. 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)

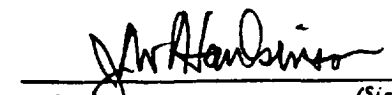
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 2848	Length of Test 3 hours	Bbls. Condensate/MMCF 28	Gravity of Condensate 45.6°
Testing Method (pistol, back pr.) BP	Tubing Pressure (Shut-in) 2208 psi	Casing Pressure (Shut-in) 2208 psi	Choke Size 3/4"

VI. 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
(Signature)
(Title)
7-11-84
(Date)

OIL CONSERVATION DIVISION
7-19-84
APPROVED JUL 19 1984
BY Original Signed by FRANK T. CHAVEZ
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 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 completed wells.