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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 1-1-55

Operator	Getty Oil Company
Address	Box 3360, Casper, WY 82602
Person(s) for filing (check proper box)	Other (Please explain)
New Well	Change in Transporter of:
Recompletion	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner: Skelly Oil Company, Box 3360, Casper, WY 82602

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	For. Name, Locating Formation	Kind of Lease	Lease No.
John Charles	7	Basin Dakota	State, Federal or Free	Fed 1-149 IND-8466
Location	Unit Letter	Feet From The	South	Feet From The
	N	790	South	1650
Line of Section	13	Township	27N	Range
			9W	NMPM,
				San Juan
				County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which copies of this form is to be sent)
The Permian Corp.	Box 3119, Midland, TX
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which copies of this form is to be sent)
El Paso Natural Gas Co.	Box 990, Farmington, NM 87401
If well produces oil or gas, give location of tank.	Is gas actually connected? When
Unit A	Sec. 13
Twp. 27N	Rge. 9W

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	Some Other	Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	C.R.D.					
Elevations (L.F., R.F., A.F., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Casing Depth					
Perforations	Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					

VII. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of loss oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

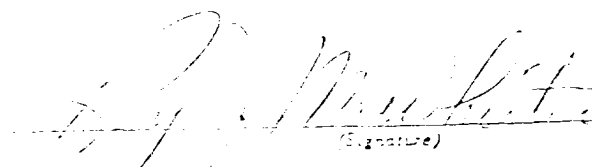
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Coke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	GA-MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/GA-MCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Coke Size

I. 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.


Area Superintendent
(Title)
2/9/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY ORIGINAL SIGNATURE OF AREA SUPERINTENDENT
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.
This form must be filed for each pool to multiply