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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	B
PRODUCTION OFFICE	

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 1-1-65

I. OPERATOR

Operator: Getty Oil Company

Address: Box 3360, Casper, WY 82602

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):

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

Skelly Oil Company, Box 3360, Casper, WY 82602

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>John Charles</u>	<u>7</u>	<u>Blanco Mesaverde</u>	State, Federal or Fee <u>Fed. 1-149</u>	<u>Ind-8466</u>
Location				
Unit Letter <u>N</u>	<u>790</u>	Feet From The <u>South</u> Line and <u>1850</u>	Feet From The <u>West</u>	
Line of Section <u>13</u>	Township <u>27N</u>	Range <u>9W</u>	<u>NMPM</u>	<u>San Juan</u> County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)	
<u>The Permian Corp.</u>	<u>Box 3119, Midland, TX</u>	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
<u>El Paso Natural Gas Co.</u>	<u>Box 990, Farmington, NM 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Top.	Page.
		Is gas actually connected? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		M.S.T.D.			
Elevations (DF, P.B., RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Casing Depth			
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Prod. Condensate/MCF/D	Gravity of Condensate
Testing Method (pump, gas lift, etc.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

VI. 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.

[Signature]
(Signature)

Area Superintendent
(Title)

2/9/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED [Signature], 19 77

BY ORIGINAL SIGNED BY J. E. MAXWELL, JR.

TITLE SECRETARY

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

If this is a request for allowable for a newly drilled or reopened 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.

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