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TRANSPORTER	OIL
	GAS
GENERATOR	4
PROPAGATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-101 and C-11  
Effective 1-1-65

**I. OPERATOR**  
Operator: Getty Oil Company  
Address: Box 3360, Casper, WY 82602

Person(s) for filing (Check; or enter box) Other (Please explain)  
 New Well  Change in Transporter of:  
 Decompletion  Oil  Dry Gas   
 Change in Certificate  Gas  Condensate

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 <u>John Charles</u>	Well No. <u>5</u>	Section, Township, Range <u>So. Blanco-Pictured Cr.</u>	Kind of Lease State, Fed. or Free <u>Fed. 1-149 Ind-8466</u>	Lease No. <u>Ind-8466</u>
Location Unit letter <u>H</u> Line of Section <u>3</u>	Feet From The <u>1850</u>	North Line and <u>790</u>	Feet From The <u>East</u>	County <u>San Juan</u>
	Township <u>27N</u>	Range <u>9W</u>	County <u>San Juan</u>	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 condensate, give location of tanks: \_\_\_\_\_  
 If gas actually produced?  Yes  No

**IV. COMPLETION DATA**

Designate Type of Completion - (X)  Oil Well  Gas Well  New Well  Workover  Draper  Plug Back  Sand Seal  Drill. Post.

Date Spudded	Date Compl. Ready to Prod.	True Depth	SHAPE
Elvations (DB, HBL, AT, etc.)	Name of Producing Formation	Trap Oil/Gas Pay	Drilling Depth
Perforations			Depth Casing Shoe

SOLE SIZE	TUBING, CASING, AND CEMENTING RECORD	DEPTH SET	SACKS CEMENT
	CASING & TUBING SIZE		

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of fluid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Test Made	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Eds.	Gas-Eds.

**GAS WELL**

Actual Prod. Test (MCF/D)	Length of Test	Dist. Condensate/Water	Gravity of Condensate
Testing Method (Flow, Gas Lift)	Tubing Pressure (Static-In)	Casing Pressure (Static-In)	Orifice 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.

Roy J. Mickler  
(Signature)  
Area Superintendent  
2/9/77  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY ORIGINAL SIGNATURE OF RAYMOND J. MICKLER, JR.  
 TITLE PERMITS AND REG. DIST. MGR.

This form is to be filed in compliance with RULE 1105.  
 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 trap, ten or other such change of condition.  
 Separate Form C-104 must be filed for each pool in multiply completed wells.