

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

REGISTRATION	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.I.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION OFFICE	

Operator
Getty Oil Company

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

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:		Other (Please explain)
Recompletion	☐	Oil	☐	Previous condensate transporter was
Change in Ownership	☐	Casinghead Gas	☐	Giant Refining Company, now it is
			Dry Gas	Permian Corporation
			Condensate	☒

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

DESCRIPTION OF WELL AND LEASE

Lease Name Marshall "A"	Well No. 6	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease XXXXXXX Fed.	Lease No. SF-07835
Location Unit Letter <u>A</u> : 990 Feet From The North Line and 990 Feet From The East Line of Section <u>14</u> Township <u>27N</u> Range <u>9W</u> N.M.P.M. San Juan County				

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)
Permian Corporation	P.O. Box 1538, Denver, CO 80201
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit <u>A</u> Sec. <u>14</u> Twp. <u>27N</u> Rge. <u>9W</u>	Yes

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, RAB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
Perforations	Depth Casing Show						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE

(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
Prod. Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

AS WELL

Prod. Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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)

10-18-84
(Date)

OIL CONSERVATION DIVISION

APPROVED CT 1984 19
BY Frank J. [Signature]
TITLE Oil Conservation Division

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 multi-completed wells.