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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	4
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
Effective 1-1-65

I. OPERATOR
Operator
Getty Oil Company
Address
P. O. 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 ☒ Costinghead 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.
Nellie Platero	2	South Blanco-Pc	State, Federal or Fee Fed 1-149-	nd-2464
Location				
Unit Letter	P	990 Feet From The South Line and	990 Feet From The East	
Line of Section	10	Township	27N Range	9W, NMPM, San Juan 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)
Name of Authorized Transporter of Costinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually compressed? When

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	Well over	Deepen	Plug Back	Isolate Reservoir	Drill Reservoir
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Deviation (OF, RLB, RT, CI, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing Depth					
Perforations			Depth Casing Shoe					

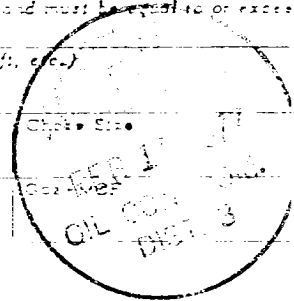
TUBING, CASING, AND CEMENTING RECORD

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 fluid oil and must be repeated or exceed top allowable for 24 hours or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Circle Size
Length of Test	Testing Pressure	Casing Pressure	Circle Size
Actual Prod. During Test	Oil-Brk.	Water-Brk.	Circle Size



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Brk. Condensate/MWCF	Gravity of Condensate
Testing Method (Flow, back prod)	Testing Pressure (psia-in)	Casing Pressure (psia-in)	Circle Size

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. McKelvey
(Signature)

Area Superintendent
(Title)

2/7/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY ORIGINAL SIGNATURE OF N. E. MAXWELL, JR.
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.

Form C-104 must be filed for each pool in multiple