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

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

Form C-104
Supersedes OIL C-103 and C-110
Effective 1-1-75

Operator Getty Oil Company	
Address Box 3360, Casper, WY 82602	
Person(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐
Renewal ☐	Casinghead Gas ☐ Gas ☐
Change in Ownership ☒	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 Charley-Pah	Well No. 1	Location, including Township So Blanco- Pictured Cliffs	State, Federal or Fee Fed 1-1431	Lease No. d. -8465
Location Unit Letter F ; 1700 Feet From The North line and 1750 Feet From The West				
Line of Section 12 Township 27N Range 9W NMEN, 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 Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	Box 990, Farmington, WY 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
Is gas actually connected?		When
yes		

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	Workover	Replug	Plug Back	Same Well	Other Well
Rate of Flow	Date Compl. Ready to Prod.	Total Depth	H.C.P.D.					
Wellhead (H.P., H.H., H.T., etc.)	Name of Producing Formation	Top of Gas Pay	Testing Depth					
Restrictions	Depth Casing Face							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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

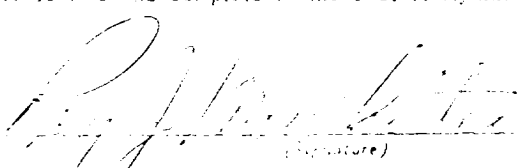
Date First New Oil Flow Test	Date of Test	Preparing to test (Flow, Pump, Gas Lift, etc.)	
Length of Test	Testing Pressure	Casing Pressure	Shut-In
Actual First Flowing Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual First Flowing Test	Length of Test	Shut-In Pressure (MCF)	Quantity of Condensate
Testing Pressure (shut-in)	Testing Pressure (shut-in)	Casing Pressure (shut-in)	Shut-In

VI. CERTIFICATION OF COMPLETION

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 
BY  J. M. VETTEL, JR.
TITLE

This form is to be filed in compliance with RULE 1104.
If there 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 1110.
All sections of this form must be filled out completely for allowables 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 must be filed for each pool in multiple completions.