

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-11
Effective 1-1-65

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SANTA FE	1
TITLE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	4
REGISTRATION OFFICE	

I. 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 ☒ 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	J. Q. Marshall	Well No.	2	Pool Name, including Formation	So. Blanco-Pictured Cl.	Kind of Lease	State, Federal or Fee	Lease No.	Fed SF 078357
Location	Unit Letter	F	1490	Feet From The	North	Line and	1605	Feet From The	West
Line of Section	1	Township	27N	Range	9W	NMMPM,	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)				
Block 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, NM 87401				
Unit	Sec.	Twp.	Range	Is gas actually transported?	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	Workover	Deepen	Plug Back	Same Res'n.	Other
Date Spudded	Time Depth Ready to Prod.	Total Depth	P.B.T.D.					
Perforations (D.F., R.A.B., R.T., G.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Taking 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 trip 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	Bbls. Condensate/MWCF	Gravity of Cond. Rate
Testing Method (pump, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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.


(Signature)

Area Superintendent
(Title)

2/9/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY: ORIGINAL SIGNED BY 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 deviator 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 Form C-104 must be filed for each pool in multiple completed wells.