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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-110
Effective 1-1-65

I. Operator
Address Getty Oil Company
P. O. Box 3360, Casper, WY 82602
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Cast-in-head Gas ☐ Condensate ☐
Change in Ownership ☒

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>Noah Victoria</u>	Well No., Pool Name, Including Formation <u>2 South Blanco-Pictured Cliff</u>	Kind of Lease <u>State, Federal or Fee 1-149-Ind-8463</u>	Lease No. <u>8463</u>
Location Unit Letter <u>H</u> <u>1450</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>27N</u> Range <u>9W</u> , NMFM, <u>San Juan</u> County			

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)	
<u>None</u>		
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 Company</u>	<u>Box 990, Farmington, NM</u>	
If well produces oil or liquids, give location of tanks.	Is gas actually connected? <input type="checkbox"/>	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	Some Restv.	Diff. Restv.
Date Drilled	Date Complet. Ready to Prod.		Total Depth		F.B.T.D.			
Depth of Well	None of Following Formation		Top Oil/Gas Pay		Casing Depth			
Casing		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 load oil and must be equal to or exceed top 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	Testing Pressure	Casing Pressure	Choke Size
Perfor. First During Test	Oil - Bbls.	Water - Bbls.	Gas - MMCF

GAS WELL

Actual First Test - MMCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (Flow, lift, etc.)	Testing Pressure (shot-in)	Casing Pressure (shot-in)	Choke 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.

[Signature]
(Signature)

Area Superintendent
(Title)

2/4/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY ORIGINAL SIGNED BY R. 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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.