

OIL CONSERVATION DIVISION
P O BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

FILE	
U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	
Operator	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Getty Oil Company

Address

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

Reason(s) for filing (Check proper box)

New Well

☐

Recompletion

☐

Change in Ownership

☐

Change in Transporter of:

Oil

☐

Casinghead Gas

☐

Dry Gas

☐

Condensate

☒

Other (Please explain)

Previous condensate transporter was
Giant Refining Co., now it is Permian
Corporation

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

Federal 2E

Well No.

1

Pool Name, including Formation

Basin Dakota

Kind of Lease

XXXXXXXXXXXX

Lease No.

SF-07893

Location

Unit Letter B

790

Feet From The North

Line and

1650

Feet From The

East

Line of Section 2

Township

27N

Range

12W

NMPM,

San Juan

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

Permian Corporation

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

El Paso Natural Gas Company

If well produces oil or liquids,
give location of tanks.

Unit

Sec.

Twp.

Rge.

B

2

27N

12W

Is gas actually connected?

Yes

When

1963

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas well

New Well

Workover

Deepen

Plug Back

Same Restv. Diff. Ros

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.B.T.D.

Elevations (D.F., R.A.B., R.T., G.R., etc.)

Name of Producing Formation

Top Oil/Gas Pay

Tubing Depth

Perforations

Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
IL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top ullage
able 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

Fluid Prod. During Test

Oil - Bbls.

Water - Bbl

Gas - MCF

AS WELL

Fluid Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (pilot, back pr.)


Tubing Pressure (Shut-in)

Casing Pressure (Shut-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.



Area Superintendent

(Title)

10-18-84

(Date)

OIL CONSERVATION DIVISION

APPROVED

OCT 26 1984

BY



TITLE

SUPERVISOR DISTRICT #3

This form is to be filled 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 allow-
able 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 filled for each pool in multiple
completed wells.