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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
Getty Oil Company
Address
P. O. Box 3360, Casper, WY 82602
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recon: Non ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Castinghead 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 Neah-Victoria	Well No. and Name, including Formation 1 Fletcher-Kutz	Kind of Lease State, Federal or Free 1-142-Ind-8463	Lease No.
Location Unit Letter 0 990 Feet From The South Line and 1650 Feet From The East Line of Section 1 Township 27N Range 9W, NMEM, San Juan 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)
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)
El Paso Natural Gas Co.	P. O. Box 990, Farmington, NM
If well produces oil and gas, give location of tanks.	Is gas actually transported? When

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Old Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Prev. Diff. Reviv.
Depth of Well	Total Depth		Total Depth		P.B.T.D.		
Formation (E.F., F.M., A.F., G.R., etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
				Depth Casing Shoe			
TYPING, 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 allowable for this depth or be for full 24 hours)

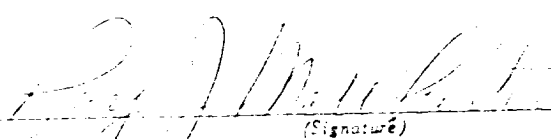
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Shut-In Pressure
Actual First Flowing Test	Oil Rate	Water Rate	Gas Rate

GAS WELL

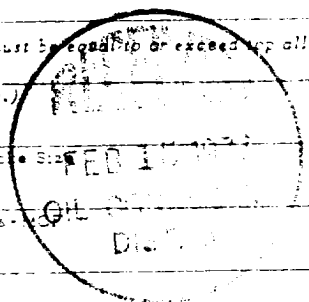
Actual First Flowing Test	Length of Test	Shut-In Condensate/MMCF	Gravity of Condensate
Tubing Pressure (shut-in)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Shut-In Rate

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)
Area Superintendent
(Title)
2/4/77
(Date)

OIL CONSERVATION COMMISSION

APPROVED 
ORIGINAL SIGNED BY A. J. DANIEL, JR.
BY _____
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.