

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS 1
OPERATOR	2
PRORATION 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-11
Effective 1-1-65

I. Operator
Getty Oil Company
Address
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Nellie Platero	Well No. 5-A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease Ind Fed 8464 State, Federal or Fee Fed 149	Lease No.
Location Unit Letter <u>I</u> ; <u>1870</u> Feet From The <u>South</u> Line and <u>1135</u> Feet From The <u>East</u> Line of Section <u>11</u> Township <u>27N</u> Range <u>9W</u> , NMPM, <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)			
Name of Authorized Transporter of Casinghead 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	Box 990, Farmington NM 87401			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
				Is gas actually connected? When
				No

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'v.	Diff. Res'v.
		X	X					
Date Spudded 9-26-77	Date Compl. Ready to Prod. 9-30-77	Total Depth 4485'	P.B.T.D. 4440'					
Elevations (DF, RKB, RT, GR, etc.) 5981' GR 5993' KB	Name of Producing Formation Point Lookout	Top Oil/Gas Pay 4290'	Tubing Depth 4342'					
Perforations							Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	9-5/8" OD	330'	300
8-3/4"	7" OD	2371'	375
6 1/2"	4 1/2" OD (Liner)	4470'	225
	2-3/8" OD	4342'	

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)

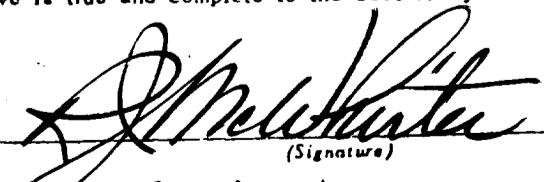
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D AOF 2276	Length of Test 3 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Press.	Tubing Pressure (Shut-in) 555 psig	Casing Pressure (Shut-in) 555 psig	Choke Size 3/4"

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.


Area Superintendent
(Title)
November 15, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY Original Signed by R. Kendrick
TITLE _____

This form is to be filed in compliance with RULE 1106.
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.