NO. OF COPIES REC	LIVER	 I	
DISTRIBUTIO	5		
SANTA FE	1		
FILE	1		
U.S.G.5.			
LAND OFFICE			
TRANSPORTER	OIL		
THANST ON IER	GAS	1	
OPERATOR	/€		
2222471011555	Ţ		

January 13, 1978

(Date)

	DISTRIBUTION	2		NEW MEXICO OIL CONSERVATION COMMISSION			Porm C+104 Supersedes ():	Form C-104 Supersedes Old C-104 and C-110		
	SANTA FE	1		RELIGIOUS AL COMPANIA				65		
	U.S.G.5.	 		AUTHORIZATION TO TRAN		NATURAL GA	.\$			
	LAND OFFICE			AGMONIZATION TO THE						
	TRANSPORTER OIL	1								
	GAS	1			•	•				
	OPERATOR	/€	 -							
1.	PRORATION OFFICE Operator	l	J							
	Getty Oil Company									
	Address									
	P.O. Box 3360, Casper, Wyoming 82602 Reason(s) for filing (Check proper box) New We!! Change in Transporter of:									
	Recompletion			OII Dry Gas						
	Change in Ownership			Casinghead Gas Condens	sate 2					
	If change of ownership give name									
	and address of previous ov	vner.								
	DECORPOTION OF WEI	t A	ND I	FASE						
11.	Leuse Name	· · · · · · · · · · · · · · · · · · ·				Kind of Lease		Lease No.		
	Nellie Platero		5A Blanco Mesa Ver	de	State, Federal o	Fee Fed 149	IND 3464			
	Location		0=0	Cauth	1125		Fast			
	Unit Letter	. ;	8/0	Feet From The South Line	and 11)	Feel rrom Th	e			
	Line of Section		Tow	mship 27N Range	gW , NMPM	. San Jua	n	County		
								r		
III.	DESIGNATION OF TRA	NSF	ORT	or Condensate	S Address (Give address	to which approve	d copy of this form is	to be sent)		
	Name of Authorized Transpo			or condensate E				i i		
	Name of Authorized Transpo	t I O	n of Cos	inghead Gas or Dry Gas	1700 Broadway. Address (Give address	to which approve	d copy of this form is	to be sent)		
	Name of Authorized Transpo	لتان	gas !							
	If well produces oil or liquid			Unit Sec. Twp. P.ge.	Is gas actually connect	ed? ¦When I				
	give location of tanks.			1 1 27N 9W	No .					
		ingle	d wit	h that from any other lease or pool, a	give commingling orde					
IV.	COMPLETION DATA				New Well Workover	Deep en	Plug Back Same R	es'v. Diff. Res'v.		
	Designate Type of C	omp	letio		X !		P.B.T.D.			
	Date Spudded			Date Compl. Ready to Prod.	Total Depth 4485		44401			
	9/26/77 Elevations (DF, RKB, RT, C	^P -		9/30/77 Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
	5981' GR 5993'		10.7	Pt. Lookout	4290'		4342'			
	Perforations						Depth Casing Shoe			
					CEUENTING PECOI	<u> </u>				
				TUBING, CASING, AND	DEPTH S		SACKS CE	SACKS CEMENT		
	12-1/4"			9-5/8" OD	3301		300			
	8-3/4"			7'' OD	2371 '					
	6-1/4"			4-1/2 OD Liner	4470		225			
				2-3/8" OD	43421		and a second to c	exceed on allow-		
V.		UES	T F	OR ALLOWABLE (Test must be as able for this de						
	OIL WELL Date Fire: New Cil Bun To	Tank	3	Date of Test	Producing Method (Flo	w, pump, gas lift	, eic.)			
					Casing Pressure		Chcke Size			
	Length of Test			Tubing Pressure	Casing Pressure					
	Actual Prod. During Test			Oil-Bbls.	Water-Bbls.		Gas - MCF			
	, , , , , , , , , , , , , , , , , , ,									
	GAS WELL			Length of Test	Bbls. Condensate/MMC	F	Gravity of Condense	it•		
	Actual Prod. Test-MCF/D			Langua or year						
	Testing Method (pitot, back	r pr.)		Tubing Pressure (Shut-in)	Cosing Pressure (Shu	t-in)	Cheka Size			
VI	CERTIFICATE OF CO	MPI	JAN	CE	OIL	CONSERVA	TION COMMISSI	ON		
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.					APPROVED					
					outsing) Signed by a R Kendrick					
					TITLE					
					TITLE					
					This form is to be filed in compliance with RULE 1104.					
	Alburane)				If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation well, this form must be accordance with MULE 111.					
	Area Superinte	nt	(ile)	All sections of this form must be filled out completely for sllows able on new and recompleted wells.						
			11	11167	II BUIL ON HOM BUG.	-				

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.