

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U. I. C. S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

Operator
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 Company, now it is
Permian CorporationIf change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Marshall Gentle	Well No. 1A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease XXXXXX	Lease No. SF-07835
Location Unit Letter <u>I</u> : <u>1640</u> Feet From The <u>South</u> Line and <u>840</u> Feet From The <u>East</u> Line of Section <u>14</u> Township <u>27N</u> Range <u>9W</u> , N.M.P.M., San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Denver, CO 80201
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>14</u> Twp. <u>27N</u> Rge. <u>9W</u> Is gas actually connected? <u>Yes</u> Date <u>1-11-78</u>

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 Resrv.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, F.A.B., ST, GR, 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 loss 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 - Bbls.	Gas - MCF

AS WELL

Fluid Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (Flow, back prod.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-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

BY

TITLE

SUF.

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 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 filed for each pool in multipl
completed wells.