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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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-110
Effective 1-1-65

I. Operator
Getty Oil Company
Address
P. O. Box 3360, Casper, Wyoming 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)
Dual Completion

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
John Charles	7-E	Chacra Dakota <i>Harris Mesa</i>	State Federal Lease	1-149-IND-8466
Location Unit Letter <u>D</u> : <u>980</u> Feet From The <u>North</u> Line and <u>820</u> Feet From The <u>West</u> Line of Section <u>13</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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas	P.O. Box 990, Farmington, New Mexico					
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'ty.	Diff. Res'ty.
		X	X					
Date Spudded 8-22-80	Date Compl. Ready to Prod. 1-6-81		Total Depth 6638		P.B.T.D. 6594			
Elevations (DF, RKB, RT, CR, etc.) 5986' Gr	Name of Producing Formation Chacra & Dakota		Top Oil/Gas Pay Chacra 2941 - - - - - Dakota 4547 - - - - -		Tubing Depth - 3015 - 4547 Packer @ 3320			
Perforations Chacra 2941'-3121' Dakota 6422'-6565'		Depth Casing Shoe 6637'						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24#		335		300			
7 7/8"	5 1/2" 14 & 15.5#		1386		1386			
	2 1/16" one string @ 3015 and another @ 4547							

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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCF/D Chacra CAOF 1288	Length of Test 3 hours	Bbls. Condensate/MMCF 152 MCF	Gravity of Condensate ---
Testing Method (pilot, back pr.) BP	Tubing Pressure (Shut-in) 938	Casing Pressure (Shut-in) 938	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.

H. E. Aab
(Signature)
Area Superintendent
(Title)
1-9-81
(Date)

OIL CONSERVATION COMMISSION
APPROVED MAY 11 1981, 19____
BY Original Signed by FRAZ L. HAVES
TITLE SUPERVISOR DISTRICT # 3

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.