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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-
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 John Charles Well No. 7-E Pool Name, Including Formation: Chacra Dakota Kind of Lease XXX Federal XXXX Lease No. 1-149-IND-8466
Location
Unit Letter D : 980 Feet From The North Line and 820 Feet From The West
Line of Section 13 Township 27N Range 9W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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. Rge. 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	Some Res'v.	Diff. Res'v.
		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, GR, etc.) 5986' Gr	Name of Producing Formation Chacra & Dakota	Top Oil/Gas Pay Chacra 2941 Dakota 4547	Tubing Depth 3015 Packer @ 4547 3320 Depth Casing Shoe 6637'					
Perforations Chacra 2941'-3121' Dakota 6422'-6565'								

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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D Dakota CAOF2399	Length of Test 3 hours	282 MCF	
Testing Method (pilot, back pr.) BP	Tubing Pressure (Shut-in) 1940	Casing Pressure (Shut-in) Packer	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
MAY 1 1981
APPROVED
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 multiple completed wells.