DISTRIBUTION

ANTA FE		NEW MEXICO OIL CONSERVATION COM. ION Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and (Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
					AND OFFICE	:	
TRANSPORTE	R OIL]				
	GAS						
OPERATOR			1				
1. PRORATION (FFICE			. 1			
POURD-LS Address				7.30			
Reason(s) for fili			suilding, Fort Worth, 1	Other (Please explain)	1		
ew Well		•/	Change in Transporter of:	Omer (Tieuse expluin)	,		
Recompletion			Oil Dry C	Gas [
Change in Owner	ship <u>; </u>		Casinghead Gas Cond	en s ate			
If change of own and address of p			. coá,chane & the	ams 60%, Ltd., Dox ot	υν, πομετιστές, τέχες		
II. DESCRIPTION	OF WELL	AND	Well No. Pool Name, Including	Formation Kind of			
1.3W 1-10	and an eq.	in in	5 Langlie matt		Cedaral or Foo		
Location	ALCO (1) 1	, <u>.u .u</u>	5 Longite Edit	LX.	ederd of ree Diate 15- 934		
Unit Letter	В	<u>الر ۹</u>	Feet From The North L	ine and 1.30 Feet F	From TheCST		
Line of Section	n 13	Tow	mship 22-3 Range 3	/-L , NMPM,	્રિવે ઉ Count		
III. DESIGNATION	OF TRAN	SPORT	TER OF OIL AND NATURAL G	AS			
Name of Authoriz	ed Transporte	r of Oil	or Condensate	Address (Give address to which o	approved copy of this form is to be sent)		
Iexas N	ew Mexi	.೦೦ Pi	pe Line Inghead Gas T or Dry Gas	Spe 1612, Malena,	To xa s		
1			Inghead Gas 📉 — or Dry Gas 🦳	i	approved copy of this form is to be sent)		
	il Comp		Unit Sec. Twp. Rge.	Is gas actually connected?	When		
If well produces give location of t			5 29 22-2 57-		5 -26-31		
If this production IV. COMPLETION Designate	DATA		Oil Well Gas Well		SKELLY OIL COMPANY MERG INTO GETTY OIL COMPANY.		
Date Spudded			Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, I	RKB, RT, GR	etc.j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations					Depth Casing Shoe		
			TURING CASING AN	ID CEMENTING RECORD			
ног	E SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V TEST DATA	ND DEOU	TOTAL TOTAL	DR ALLOWARY E				
V. TEST DATA A	ND REQUI	est fu	JK ALLOWABLE (Test must be able for this d	after recovery of total volume of loa: lepth or be for full 24 hours)	d oil and must be equal to or exceed top all		
Date First New C	il Run To Ta	nks	Date of Test	Producing Method (Flow, pump, a	gas lift, etc.)		
Length of Test			Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. Duri	ng Test		Oil-Bbls.	Water - Bbls.	Gas - MCF		
	•						
,				······································			
GAS WELL				· · · · · · · · · · · · · · · · · · ·			
Actual Prod. Tes	t-MCF/D		Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr	.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI. CERTIFICATE	OF COMF	LIANC	CE	OIL CONSE	RVATION COMMISSION		
				ABBBOUTE			
I hereby certify	that the rule	s and re	egulations of the Oil Conservation ith and that the information given	11	, 19		
above is true as	id complete	to the	best of my knowledge and belief.	BY			
				TITLE			
ORIGINAL SIGNED BY							
H. S.	WINSTO	4		If this is a request for	i in compliance with RULE 1104. allowable for a newly drilled or deepen		
		(Signa	ture)	well this form must be acco	ompanied by a tabulation of the deviat:		
Agent				41	tests taken on the well in accordance with RULE 111.		

(Title) 1-1-74

(Date)

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.