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TRANSPORTER GAS	/	
OPERATOR	/	
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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-11
Effective 1-1-65

5-NMOCC-ARTESIA
1-R.J. STARRAK-TULSA
1-A.B. CARY-MIDLAND
1-PB, ENGR.
~~1-EF, FOREMAN~~
1-FILE
1-BH, FIELD CLERK

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O. C. C.
ARTESIA, OFFICE

I. Operator
Getty Oil Company

Address
P. O. Box 730, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)
New Well [ ]
Recompletion [X]
Change in Ownership [ ]
Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
Other (Please explain)

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.
Skelly Unit	36	Fren 7-Rivers	~~XXX~~ Federal ~~XXXX~~	LC-0294181(a)

Location
Unit Letter P : 660 Feet From The South Line and 660 Feet From The East

Line of Section 14 Township 17-South Range 31-East , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co.	P. O. Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Continental Oil Co.	P. O. Box 2197, Houston, Texas 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	22	17S	31E	Yes	June 1, 1960

If this production is commingled with that from any other lease or pool, give commingling order number: PC-450

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X					X		X

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-19-78	9-1-78	3899	2625
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3907 DF	Fren 7-Rivers	2442	2596
Perforations			**Depth Casing Shoe**
2442-2562			7" csg. at 3318

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
10 3/4	8 5/8 csg.	743'	100 sxs
9 3/4	7 csg.	3318'	150 sxs
	2 3/8	2596	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
9-2-78	9-17-78	Pump	Pete to book 12-1-78
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24 hrs.			12-1-78 TNM/ccm
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**
14	1	13	11

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			38° 5-1-78
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
			12

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.

D. R. Crockett: D. R. Crockett
(Signature)

Area Superintendent
(Title)

11/21/78
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 28 1978, 19

BY W. A. Gressett

TITLE SUPERVISOR, DISTRICT II

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.