

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

FEB 2 1977

O. C. C.

ARTESIA OFFICE

Skelly Oil Company merged with Getty Oil Company effective 1-31-77

If change of ownership give name and address of previous owner Skelly Oil Company, P. O. Box 1351, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Unit	Well No. 113	Pool Name, including Formation Grayburg Jackson (SR.O.G.SA)	Kind of Lease State (Federal or Free)	Lease No. LC-0294186
Location Unit Letter H	1980	Feet From The North	Line and 660	Feet From The East
Line of Section 14	Township 17S	Range 31E	N.M.P.M.	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil (X) or Condensate Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, Texas 77001
If well produces oil or liquids, give location of tanks. Unit B	Sec. 14
Twp. 17S	Rge. 31E
Is gas actually connected? Yes	When January 14, 1972

If this production is commingled with that from any other lease or pool, give commingling order number: PC-456

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reenter	Drill Reenter
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, 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					

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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (blat-in)	Casing Pressure (blat-in)	Choke Size

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.

(SIGNED) IRLAND FRANZ
(Signature) Ireland Franz

District Production Manager
(Title)

February 1, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 9 1977

BY W. A. Gressot
SUPERVISOR, DISTRICT 2

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 calculation of the deviation hole taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and re-completed wells.

Fill out only Sections I, II, III, and IV for change of owner, well name or number, or transportation or other such change of condition.