

DEPARTMENT OF REVENUE
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes OIL C-103 and
 Effective 1-1-65

WELL	
NO.	
G.P.	
D OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Getty Oil Company
 Address
P. O. Box 1351, Midland, Texas 79702
 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)
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 <u>Myers Langlie-Mattix Unit</u>	Well No. <u>213</u>	Pool Name, including Formation <u>Langlie-Mattix</u>	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee <u>NM-</u>	Lease No. <u>037667</u>
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>NORTH</u> Line and <u>6600</u> Feet From The <u>EAST</u>				
Line of Section <u>7</u>	Township <u>24S</u>	Range <u>37E</u>	, NMPLM, Lea County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1510 Midland Texas 79702</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1492, El Paso, Texas 79999</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>6</u>	Sec. <u>5</u>	Twp. <u>24S</u>	Rge. <u>37E</u>
	Is gas actually connected? <u>Yes</u>		When <u>UNKNOWN</u>	

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 Hole	Drill. Re-
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.H.T.D.		
Elevations (DF, KKB, RT, CR, 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 / MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (1 inch - in)	Casing Pressure (1 inch - 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) Iceland Franz
 District Production Manager

February 1, 1977
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **FEB 16 1977**, 19____
 BY Jerry Sexton Orig. Signed by
 TITLE Dist. Mgr.

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 change of condition.