

6.5.  
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 ☐  
Recompletion ☐  
Change in Ownership ☒

Change in Transporter of:  
Oil ☐  
Casinghead Gas ☐  
Dry 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  
MONSTATE

Well No.  
5

Pool Name, including Formation  
CUMMINT (GAS)

Kind of Lease  
☒ State ☐ Federal or Fee

Lease No.  
B-1327

Location  
Unit Letter H ; 1650 Feet From The NORTH Line and 990 Feet From The EAST  
Line of Section 13 Township 19-5 Range 36-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐  
NONE

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
NORTHERN NATURAL GAS COMPANY

If well produces oil or liquids, give location of tanks.

Unit  
Sec.  
Twp.  
Rge.

Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 3316, MIDLAND, TEXAS 79702

Is gas actually connected?  
Yes

When  
1/16/54

IV. COMPLETION DATA

Designate Type of Completion - (X)  
☐ Oil Well ☐ Gas Well ☒ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Res'ty. ☐ Diff. Res'ty.

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/Cas 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

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 (shut-in)  
Casing Pressure (shut-in)  
Choke Size

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) LELAND FRANZ  
District Production Manager  
February 1, 1977

OIL CONSERVATION COMMISSION

APPROVED FEB 8 1977

BY John Franzen  
Geologist

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 change of owner.