

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. TRANSPORTER**  
 OPERATOR: Getty Oil Company  
 OPERATING OFFICE: Getty Oil Company  
 Address: P. O. Box 1351, Midland, Texas 79702  
 Reason(s) for filing (check proper box):  
 New Well  Change in Transporter of:  
 Re-completion  Oil  Dry Gas   
 Change in Ownership  Castinghead 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: STATE 'H' Well No.: 2 Pool Name, including Permission: EUNICE-MONUMENT Kind of Lease:  State  Federal or Fee  
 Location: D 660 Feet From The NORTH Line and 990 Feet From The WEST Line of Section 25 Township 20s Range 36E, NMPM, Lea County  
 Lease No.: B-1328

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate   
TEXAS-NEW MEXICO PIPE LINE 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 Castinghead Gas  or Dry Gas   
PHILLIPS PETROLEUM COMPANY Address (Give address to which approved copy of this form is to be sent): PHILLIPS BUILDING Odessa TEXAS 79702  
 If well produces oil or liquids, give location of tanks: E 25 20s 36E Is gas actually connected? Yes When: UNKNOWN

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 Rest. BH. Rest.
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						
<b>TUBING, CASING, AND CEMENTING RECORD</b>							
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 (shut-in)	Casing Pressure (shut-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.  
Leland Franz  
 District Production Manager  
 (Title)

**OIL CONSERVATION COMMISSION**  
 APPROVED \_\_\_\_\_, 19\_\_\_\_  
 BY John P. Rogers **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 all wells.