

FEDERAL OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form O-103  
 Supersedes Old O-101 and 102  
 Effective 1-1-65

WELL	
TYPE	
G.S.	
WELL	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

**I. OPERATOR**  
 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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>Lovington San Andres Unit</u>	<u>9</u>	<u>Lovington San Andres</u>	<input checked="" type="radio"/> State <input type="radio"/> Federal or Fee	<u>B-2894</u>
Location				
Unit Letter	<u>H</u>	<u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u>		
Line of Section	<u>36</u>	Township <u>16-5</u>	Range <u>36-E</u>	NMPM, <u>Lea</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas-New Mexico Pipeline Company</u>	<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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips Petroleum Company</u>	<u>Phillips Building, Odessa, Texas 79760</u>
If well produces oil or liquids, give location of tanks.	Unit      Sec.      Twp.      Rge.      is gas actually connected? when
	<u>B</u> <u>1</u> <u>17S</u> <u>36E</u> <u>Yes</u> <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 Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
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 (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 (lb/in <sup>2</sup> )	Casing Pressure (lb/in <sup>2</sup> )	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) Leland Franz  
 (Signature) Leland Franz  
 District Production Manager  
 (Title)  
February 1, 1977  
 (Date)

OIL CONSERVATION COMMISSION  
**FEB 9 1977**

APPROVED \_\_\_\_\_  
 BY Jerry Sexton  
 District Supv.

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 flowable or non-flowable 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.