

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

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

SA	T A F E		
FI	E		
	G.S.		
	NO OFFICE		
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION 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 Other (Please explain) change of lease name

Change in Ownership Casinghead Gas Condensate Formerly: State "P"

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly "P" State Well No. 1 Pool Name, including Formation Vacuum (G-S.A.) Kind of Lease State Lease No. B-1334

Location D 660 Feet From The North Line and 660 Feet From The West

Line of Section 33 Township 17S Range 35E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate
Texas-New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent) P.O. Box 1570, Midland, Texas 79702

Name of Authorized Transporter of Casinghead Gas or Dry Gas
Phillips Petroleum Co. Address (Give address to which approved copy of this form is to be sent) Phillips Bldg. Odessa, Texas 79760

If well produces oil or liquids, give location of tanks. Unit C Sec. 33 Twp. 17S Rge. 35E 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'v.	Diff. Rest'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
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 (pitot, 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.

(SIGNED) LELAND FRANZ
(Signature) Leland Franz
District Production Manager
(Title)
February 10, 1977
(Date)

OIL CONSERVATION COMMISSION

FEB 21 1977

APPROVED _____, 19____

BY Jerry S. ...
Orig. Signed by
Dr. J. ...

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 changes of owner, well name or number, or transporter, or other such change of condition.

RECEIVED

FEB 1 1977

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION