

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

Form O-101  
 Supersedes OIL C-101 and  
 Effective 1-1-65

57	TABLE		
FILE			
G.S.			
D OFFICE			
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 <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Skelly Oil Company merged with Getty Oil Company effective 1-31-77
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
	Dry Gas <input type="checkbox"/>	
	Condensate <input type="checkbox"/>	

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 <b>Myers Langlie-Mattix Unit</b>	Well No. <b>57</b>	Pool Name, including Formation <b>Langlie-Mattix</b>	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or Free	Lease No. <b>B-1327</b>
Location Unit Letter <b>C</b> ; <b>880</b> Feet From The <b>NORTH</b> Line and <b>1760</b> Feet From The <b>WEST</b> Line of Section <b>32</b> Township <b>23S</b> Range <b>37E</b> , NMPM, <b>Lea</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>None - Input</b>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>None</b>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, KKB, 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 (prior, back pr.)	Tubing Pressure (Choke-in)	Casing Pressure (Choke-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  
 February 1, 1977  
 (Date)

**OIL CONSERVATION COMMISSION**  
 13 1977

APPROVED \_\_\_\_\_, 19\_\_\_\_

Signed By  
 [Signature]  
 Title: **D. J. Supp.**

This form is to be filed in compliance with RULE 119c.  
 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 data taken on the well in accordance with RULE 111.  
 All sections of this form must be filled out completely for allowable on new and re-completed 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.