

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

Form O-104
 Supersedes OIL C-104 and C-105
 Effective 1-1-65

DISTRICT OFFICE	
STATE	
COUNTY	
G.S.	
DISTRICT 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
 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 Myers Langlie-Mattix Unit Well No. 227 Pool Name, including Formation Langlie-Mattix Kind of Lease State Federal or Fee LC 032 Lease No. 339 (h)
 Location
 Unit Letter J; 1980 Feet From The South Line and 1980 Feet From The EAST
 Line of Section 10 Township 24s Range 37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Texas-New Mexico Pipeline 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 Casinghead Gas or Dry Gas
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1492, El Paso, Texas 79999
 If well produces oil or liquids, give location of tanks. Unit E Sec. 10 Twp. 24s Rge. 37E Is gas actually connected? Yes When UNKNOWN

IV. COMPLETION DATA
 If this production is commingled with that from any other lease or pool, give commingling order number: _____

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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	Ebbs. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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
 Leland Franz
 District Production Manager
 February 1, 1977
 (Date)

OIL CONSERVATION COMMISSION
FEB 16 1977
 APPROVED _____, 19____
 BY _____
 TITLE _____
 This form is to be filed in compliance with RULE 1104. If this is a request for a well, this form must be accompanied by a tabulation of the deviation with RULE 111. All sections of this form shall be filled out completely for allow-able on new and recompleted wells and VI for changes of owner, well name or number, or transport other such change of condition.