

REVENUE ALLOWABLE

AUTHORIZED TO TRANSPORT OIL AND NATURAL GAS

Form No. 103
 (Rev. 10-1-66)
 UIC 100-103-05

RECEIVED

FEB 2 1977

TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator
Getty Oil Company

Address
P. O. Box 1351, Midland, Texas 79702

Reason(s) for filing (check proper box)
 New Well Charge 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

**O. C. C.
 ARTESIA, OFFICE**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Unit	Well No. 104	Pool Name, Including Formation Grayburg Jackson (O.G.S.A)	Kind of Lease State Production Fee	Lease No. LC-029418 (6)
Location Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West	Line of Section 14	Township 17S	Range 31E	County Eddy

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> 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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, Texas 77001
If well produces oil or liquids, give location of tanks. Unit B ; Sec. 14 ; Twp. 12S ; Rge. 31E	Is gas actually connected? Yes When June 4, 1960

If this production is commingled with that from any other lease or pool, give commingling order number: **PC-450**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Gene (water) Unit, near
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 pt.)	Tubing Pressure (Chart-10)	Casing Pressure (Chart-10)	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

APPROVED **FEB 9 1977**, 19
 BY **W. A. Gussert**
 TITLE **SUPERVISOR, DISTRICT II**

This form is to be filed in compliance with RULE 101.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of production data taken on the well in accordance with RULE 110.
 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 casing, well name or number, or transporter of oil, such change of condition.