Form C-104
Supersedes C-104 and C-110
Effective 1-1-65

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER: OIL [ ] GAS [ ]
OPERATOR [ ]
PRORATION OFFICE [ ]

I. 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: Oil [ ] Dry Gas [ ] Other (Please explain)
Recompletion [ ] Casinghead Gas [ ] Condensate [ ]
Change in Ownership [X]

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.
Skelly Unit	1	Fren Pennsylvanian	State Federal Fee	LC-029426

Location

Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West

Line of Section 15 Township 17S Range 31E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X — Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Co — P.O. Box 1510 Midland Tex 79702

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [ ] — Address (Give address to which approved copy of this form is to be sent)
None Lease Use —

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	N	15	17S	31E	No	—

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 Resv.	Diff. Resv.

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 (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)

OIL WELL

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.

(Signature) MILFRED FRANZ

(Signature) Leland Franz

OIL CONSERVATION COMMISSION

APPROVED FEB 9 1977, 19

BY C. C. Gressett

TITLE SUPERVISOR, DISTRICT II

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.