

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

FEB 2 1977

TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR		1	
PRODUCTION OFFICE			

Operator
Getty Oil Company

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

Reason(s) for filing (Check proper box)

Now Well ☐	Change in Transporter of:	Other (Please explain)
Recompletion ☐	Oil ☐	Skelly Oil Company merged with Getty Oil Company effective 1-31-77
Change in Ownership ☒	Casinghead Gas ☐	
	Dry Gas ☐	
	Condensate ☐	

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 Skelly Unit	Well No. 101	Pool Name, including Formation Grayburg Jackson (O.G.SA)	Kind of Lease State, Federal Fee	Lease No. LC-029419
Location Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West				
Line of Section 22	Township 17S	Range 31E	NMPM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 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)
Continental Oil Company	P. O. Box 2197, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	D 22 17S 31E Yes December 6, 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	Some Resfr.	Oil. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.H.T.D.				
Elevations (DF, RKB, RT, GK, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Taking 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 (pilot, 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 1, 1977

(Date)

OIL CONSERVATION COMMISSION

FEB 8 1977

APPROVED _____, 19

BY W. A. Gressett
SUPERVISOR, DISTRICT II

TITLE

This form is to be filed in compliance with Rule 1-1004.

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 1-1011.

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