

| | | | |
|-------------------|------|---|---|
| SE | TAFF | 1 | |
| FILE | | 1 | ✓ |
| G.S. | | | |
| ID OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | 1 | |
| PRODUCTION OFFICE | | | |

REQUEST FOR ALLOWABLE —
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-464
Supersedes Old C-104 and
Effective 1-1-65

RECEIVED

FEB 2 1977

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 Skelly Unit | Well No. 73 | Pool Name, including Formation Grayburg-Jackson (GR. Q. G. SA) | Kind of Lease State, <u>Federal</u> or Fee | Lease No. LC-929418/1 |
| Location Unit Letter L , 2130 Feet From The South Line and 660 Feet From The West | | | | |
| Line of Section 23 Township 17S Range 31E , NMPM, Eddy County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> None - Input Injection | 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"/> None | 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 |

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, 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 (pilot, 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**
(Signature) **Leland Franz**
District Production Manager
(Title)
February 1, 1977
(Date)

OIL CONSERVATION COMMISSION
FEB 9 1977
APPROVED _____, 19____
BY **W. A. Gussert**
TITLE **SUPERVISOR, DISTRICT H**

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