

TEXAS OIL AND NATURAL GAS CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104  
Supersedes O-103 and O-105  
Effective 1-1-65

RECEIVED

FEB 2 1977

O. C. C.

ARTESIA, OFFICE

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 Permittion | Kind of Lease          | Lease No.     |
| Skelly Unit     | 114         | Grayburg-Jackson (22.0.0.SA)    | State (Federal) or Fee | LC-0294106    |
| Location        | Unit Letter | Feet From The                   | Line and               | Feet From The |
|                 | D           | 660                             | North                  | 660           |
|                 |             |                                 | West                   |               |
| Line of Section | Township    | Range                           | County                 |               |
| 14              | 17S         | 31E                             | Eddy                   |               |

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) |
| None - Input                                             | Injection     |                                                                          |
| 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                                                     |               |                                                                          |
| If well produces oil or liquids, give location of tanks. | Unit          | Sec.                                                                     |
|                                                          |               |                                                                          |

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 Res. | Diff. Res. |
|                                      |                             |                 |                   |          |        |           |           |            |
| Date Spudded                         | Date Compl. Ready to Prod.  | Total Depth     | P.B.T.D.          |          |        |           |           |            |
| Elevations (DF, REF, 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                               |
| 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 (puct, back pr.) | Testing Pressure (Shot-in) | Casing Pressure (Shot-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) IRVING FRANZ

(Signature) Irving Franz

District Production Manager

(Title)

February 1, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 9 1977

BY W. A. Grossett

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 100.

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 test taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowance on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, other such change of condition.