

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

0+5-NMOCD-Artesia 1-CP
1-File 1-CB
1-Engr. PS 1-BB
1-Foreman-LG 1-BW

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

CO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FILE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>	<input type="checkbox"/>

Operator Getty Oil Company

Address P.O. Box 730, Hobbs, NM 88240

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) O. C. D. ARTESIA, OFFICE

RECEIVED

AUG 20 1982

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Skelly Unit</u>	Well No. <u>87</u>	Pool Name, including Formation <u>Fren (Seven Rivers)</u>	Kind of Lease State, Federal or Fee <u>Fed.</u>	Lease No. <u>LC029419F</u>
Location Unit Letter <u>D</u> ; <u>330'</u> Feet From The <u>North</u> Line and <u>330'</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas New Mexico Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1510, Midland, TX 79702</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Continental Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2197, Houston, TX 77001</u>
If well produces oil or liquids, give location of tanks. Unit <u>A</u> Sec. <u>22</u> Twp. <u>17S</u> Rge. <u>31E</u>	Is gas actually connected? <u>Yes</u> When <u>7-29-81</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input checked="" type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod. <u>7-19-82</u>	Total Depth	P.B.T.D. <u>3160'</u>					
Elevations (DF, RKB, RT, CR, etc.) <u>3818 DF</u>	Name of Producing Formation <u>Fren 7-Rivers</u>	Top Oil/Gas Pay <u>2313</u>	Tubing Depth <u>2344</u>					
Perforations <u>2313, 15, 17, 22, 24, 26, 34, 36, 51, 53, 55, 57, 65, 68, 70, 72, 88,</u>	94, 2404, 07, 22, 29 & 31		Depth Casing Shoe <u>3461</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 <u>7-29-81</u>	Date of Test <u>7-23-82</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hours</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>81</u>	Oil-Bbls. <u>63</u>	Water-Bbls. <u>18</u>	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 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

D.R. Crockett
(Signature)
Area Superintendent
(Title)
August 19, 1982
(Date)

OIL CONSERVATION DIVISION
APPROVED AUG 25 1982
BY Leslie A. Clement
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.
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.
Separate Forms C-104 must be filed for each pool in multiple completed wells.