

NEW YORK PUBLIC COMPANY (FORMERLY OIL CONSERVATION COMMISSION)  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form O-104  
 Supersedes Old O-10, and  
 Effective 1-1-64

U.S. DISTRICT COURT	
OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

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:  
 Recombination       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 <b>E. L. RICHARDSON</b>	Well No. <b>1</b>	Pool Name, including Formation <b>McDONALD Penn</b>	Kind of Lease State, Federal or <b>Fee</b>	Lease No.
Location Unit Letter <b>0</b> ; <b>1980</b> Feet From The <b>EAST</b> Line and <b>660</b> Feet From The <b>SOUTH</b> Line of Section <b>33</b> Township <b>13-S</b> Range <b>36-E</b> , NMPM, <b>Lea</b> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>The Permian Corporation Permian (Eff. 9/1/77)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1183, Houston, Texas 77001</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>VENTED - NONE</b>	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 <b>0</b>	Sec. <b>33</b>	Twp. <b>13S</b>	Rge. <b>36E</b>	Is gas actually connected? <b>No</b>	When

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	Some Resrv.	EBH, Re
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		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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/MCF	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.

(SIGNED) **LELAND FRANZ**  
 (Signature) **Leland Franz**  
 District Production Manager  
 (Title)  
 February 3, 1977  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED **FEB 8 1977**

BY **John [Signature]**

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 110A.  
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviator 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 recompl. 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.

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DEC 2 1977

OFFICE OF THE CLERK  
HOBBS, H. M.