

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

Form O-104
 Supersedes OIL C-104 and
 Effective 1-1-65

MAILING ADDRESS	
CITY	
STATE	
POST OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR
 Operator
Getty Oil Company
 Address
P. O. Box 1351, Midland, Texas 79701
 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 West Dollarhide Queen Sand Unit Well No. 17 Pool Name, including Formation Dollarhide Queen Kind of Lease (State) Federal or Fee Lease No. B-9579
 Location
 Unit Letter M : 618 Feet From The South Line and 618 Feet From The West
 Line of Section 29 Township 24-S Range 38-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
None - Input Address (Give address to which approved copy of this form is to be sent)
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
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 Restv. Diff. Rest
 Date Spudded Date Compl. Ready to Prod. Total Depth F.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 (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 Row Oil Ran 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 (pitot, back pr.) Tubing 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: LELAND FRANZ
 (Signature) Leland Franz
 District Production Manager
 (Title)
 February 1, 1977
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 BY Jerry Sexton
 Dist. L. Supv.
 TITLE _____
 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 allowables 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.