

**NEW MEXICO OIL CONSERVATION COMMISSION
GAS-OIL RATIO TESTS**

C-113
Revised 1-1-65

Operator Getty Oil Company		Pool Grayburg Jackson		County Eddy											
Address P. O. Box 730, Hobbs, NM 88240				Type of Test - (X) <input checked="" type="checkbox"/> TEST - (X)											
Lease Name Skelly Unit				Scheduled <input type="checkbox"/> Completion <input type="checkbox"/> Special <input checked="" type="checkbox"/>											
WELL NO.	LOCATION			DATE OF TEST	CHOKE SIZE	T.B.G. PRESS.	DAILY ALLOWABLE	LENGTH OF TEST HOURS	PROD. DURING TEST				GAS - OIL RATIO CU.FT/BSL		
	U	S	T						R	WATER BLS.	CRAV. OIL BLS.	OIL BLS.		GAS M.C.F.	
11	I	21	17	31	1/12/84	P	--	--	12	24	30	39	8	7	<u>1875</u>

**BEFORE EXAMINER STOGNER
OIL CONSERVATION DIVISION**

GETTY EXHIBIT NO. 4

CASE NO. 8043

No well will be assigned an allowable greater than the amount of oil produced on the official test.
During gas-oil ratio test, each well shall be produced at a rate not exceeding the top unit allowable for the pool in which well is located by more than 25 percent. Operator is encouraged to take advantage of this 25 percent tolerance in order that well can be assigned increased allowable when authorized by the Commission.

Gas volumes must be reported in MCF measured at a pressure base of 15.025 psia and a temperature of 60° F. Specific gravity base will be 0.60.

Report casing pressure in lieu of tubing pressure for any well producing through casing.

Mail original and one copy of this report to the district office of the New Mexico Oil Conservation Commission in accordance with Rule 301 and appropriate pool rules.

I hereby certify that the above information is true and complete to the best of my knowledge and belief.

[Signature]
Area Superintendent 1/13/84

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GAS-OIL RATIO TESTS**

C-113
Revised 1-1-65

Operator		Pool		County											
Getty Oil Company		Fren Seven Rivers		Eddy											
Address		P. O. Box 730, Hobbs, NM 88240		Type of Test - (X)											
				Scheduled <input type="checkbox"/> Elected <input checked="" type="checkbox"/>											
LEASE NAME	WELL NO.	LOCATION				DATE OF TEST	CHOKE SIZE	TBG. PRESS.	DAILY ALLOW-ABLE	LENGTH OF TEST HOURS	PROD. DURING TEST				GAS - OIL RATIO CU.FT/BBL
		U	S	T	R						WATER BBL'S.	GRAV. OIL BBL'S.	OIL BBL'S.	GAS M.C.F.	
Skelly Unit	11	I	21	17	31	1/13/84 P	--	--	30	24	16	36	30	5	167

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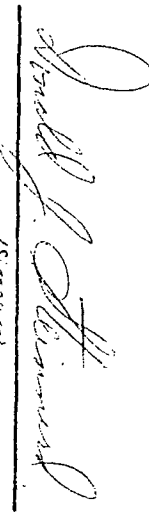
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Well original and one copy of this report to the district office of the New Mexico Oil Conservation Commission in accordance with Rule 303 and appropriate pool rules.

I hereby certify that the above information is true and complete to the best of my knowledge and belief.


(Signature)
Area Superintendent 1/13/84