

STATE OF TEXAS
OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
(M.P.)
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-194
Supersedes Old O-101 and O-102
Effective 4-1-65

RECEIVED

FEB 2 1977

O. C. C.

Other 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 <u>Lea "C"</u>	Well No.: <u>5</u>	Pool Name, Indicate Formation <u>Grayburg-Jackson</u>	Kind of Lease State, <u>Federal</u> or Fee <u>Fed</u>	Lease No. <u>LC-029418</u>
Location Unit Letter <u>0</u> ; <u>760</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>11</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Texas-New Mexico Pipe Line Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1510, Midland, Texas 79702</u>	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <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, Texas 77002</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>F</u>	Sec. <u>11</u>
	Twp. <u>17S</u>	Rge. <u>31E</u>
	Is gas actually connected? <u>Yes</u> 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 Resh.	☐ Diff. Itc
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		
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	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 (pilot, back pr.)	Tubing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	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

OIL CONSERVATION COMMISSION

FEB 9 1977

APPROVED W. A. Grasse 19

BY W. A. Grasse
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 allow-