

AUTHORITY DERIVED FROM OIL CONSERVATION COMMISSION

Form O.C.C. 104
Supersedes O.C.C. 104 and 105
Effective 1-1-65

RECEIVED

FEB 2 1977

**O. C. C.
ARTEBIA, OFFICE**

TRANSPORTER	OIL	☒
	GAS	☒
OPERATOR		☒
PRODUCTION OFFICE		☒

Getty Oil Company
Address

P. O. Box 1351, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	☐	Change In Transporter of:	
Recompletion	☐	Oil	☐
Change In Ownership	☒	Casinghead Gas	☐
		Dry 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Skelly Unit	110	Grayburg Jackson (SR.O.G.SA)	State, (Check proper box)	LC-029418 (1)
Location	Unit Letter	Feet From The	Line and	Feet From The
	G	1980	North	1980
			East	
Line of Section	Township	Range	NE1/4	Eddy County
14	17S	31E		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Continental Oil Company	P. O. Box 2197, Houston, Texas 77001
If well produces oil or liquids, give location of tanks.	Is well actually connected? When
Unit B, Sec. 14, Twp. 17S, Rge. 31E	Yes September 4, 1971

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

PC-450

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Entire Restr.
☒								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Testing 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 (Black-in)	Casing Pressure (Black-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 Engineer

(Title)

February 1, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 9, 1977

BY *W. A. Grissett*
SUPERVISOR, DISTRICT II

This form is to be filed in compliance with Rule 10.004.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of all deviation tests run on the well in accordance with Rule 1.111.

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 change of owner, well name or number, or transportation or other such change of condition.