

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

Form O.C.C. 104
Supersedes O.C.C. 103 and 104
Effective 1-1-65

TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PERFORATION OFFICE		

Operator Getty Oil Company		FEB 2 1977
Address P. O. Box 1351, Midland, Texas 79702		O. C. C. ARTESIA, OFFICE
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	Skelly Oil Company merged with Getty Oil Company effective 1-31-77
Recompletion ☐		
Change in Ownership ☒		

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 Lea "C"	Well No. 14-	Pool Name, including Formation Grayburg-Jackson	Kind of Lease State, ☒ Federal Fee ☐	Lease No. LC-029413
Location Unit Letter I ; 660 Feet From The East Line and 1980 Feet From The South				
Line of Section 11	Township 17S	Range 31E	County Eddy	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Continental Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, Texas 77002	
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 11
	Twp. 17S	Rge. 31E
	Is gas actually connected? Yes When 9-2-72	

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	Same Res'ty.	Diff. Res'ty.
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 (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/M/MCF	Gravity of Condensate
Testing Method (pilot, 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.

LELAND FRANZ
(Signature)
Leland Franz
District Production Manager
(Title)
February 1, 1977
(Date)

OIL CONSERVATION COMMISSION
FEB 9 1977
APPROVED _____, 19____
BY **N. A. Gussess**
TITLE **SUPERVISOR, DISTRICT E**

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 logs taken on the well in accordance with RULE 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 changes of owner, well name or number, or transporter, or other such change of condition.