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O. C. D.

ARTESIA, OFFICE

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	<u> </u>		
DISTRIBUTE			
SANTA FE		4	
FILE	V	7	
U.S.G.S.			
LAND OFFICE			
TRANSPORTER GAS		V	
		V,	
OPERATOR	V		
PROBATION OF			

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator				
GETTY OIL COMPANY				
Address				
P.O. BOX 728, Hobbs, N.M. 88240				
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:				
AA Recompletion	Gas			
Change in Ownership Casinghead Gas Cor	ndensate			
	•			
if change of ownership give name and address of previous owner				
;				
II. DESCRIPTION OF WELL AND LEASE	rmation Kind of Lease Lease No.			
SKELLY UNIT Weil No. Pool Name, Including Fo	-Q-6-6-5/ 4 State, Federal or Fee Federal LC-029419			
SKELLY UNIT 116 Fren Seven Ri	vers to rederat DC-0294190			
Location	Magh			
Unit Letter L : 1330 Feet From The South Line	and Feet From The West			
	omaldes of the			
Line of Section 22 Township 175 Aange	31E , NMPM, Fddy County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Oil XX or Condensate				
Texas N.M. Pipeline Co. (0096-0812)	P.O. Box 2528, Hobbs, N.M. 88240 Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas 📉 or Dry Gas	<u> </u>			
Conoco, Inc.	P.O. Drawer 1267, Ponca City, OK 74603			
If well produces oil or liquids, Unit Sec. Twp. Rgs.	5 /2 /25			
give location of tanks. A 22 1/5 31E	Yes 5/3/85			
If this production is commingled with that from any other lease or pool,	give commingling order number: PC-450			
NOTE: Complete Parts IV and V on reverse side if necessary.	n			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
	MAY 20 1985 18			
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED MAT &U 1303 . 19			
been complied with and that the information given is true and complete to the best of	BY ORIGINAL SIGNED			
my knowledge and belief.	BY LARRY BROOKS			
	TITLE GEOLOGIST - NMOCD			
	This form is to be filed in compliance with RULE 1104.			
W.B. W.L	to this is a request for allowable for a newly drilled or deepened			
W.B. Colonia (Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
Dist. Opr. Mqr. (Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
5/15/85 (Date)	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.			
In acc.	Separate Forms C-104 must be filed for each pool in multiply			
·	completed wells.			

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Designate Type of Completion	on – (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Resty
Date Spudded —	Date Comp. 5/3/85	I. Ready to Pr	roci.	Total Depth		 _	P.B.T.D. 368	0'	<u>*</u>
Elevations (DF, RKB, RT, GR, etc.) 3806.5 GR	Name of Producing Formation Fren Seven Rivers		Top Otl/Gas Pay 2238 1		Tubing Depth 3586 '				
Perforationa 2238-2363	<u>* </u>			· · · · · · · · · · · · · · · · · · ·			Depth Casis	ng Shoe	
		TUBING, C	ASING, AND	CEMENTI	G RECORE)			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		IT	
12 1/4	8 5	5/8		672			425 C	irc	
7 7/8	5 1	/2		4000			1100 C		
· · · · · · · · · · · · · · · · · · ·				1					

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 allow-OIL WELL able for this depth or be for full 24 hours)

OIL WILL						
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pur	Producing Method (Flow, pump, gas lift, etc.)			
5/3/85	5/3/85	Pump				
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
24	-	-	_			
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas - MCF			
	19	91	37			

CAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Teeting Method (pitat, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chake Size