

DISTRIBUTION	
SANTA FE	
FILE	
S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
5-MOCC-ARTESIA
1-R. J. STARRAK-TULSA
1-A. B. CARY-MIDLAND
1-FILE
1-B.H.
1-HAO-ENGR.
1-ECF-FOREMAN
1-ENERGY RESOURCES BOARD, SANTA FE

RECEIVED

JUL 27 1978

Operator GETTY OIL COMPANY ✓	
Address P. O. BOX 730, HOBBS, NEW MEXICO 88240	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) O. C. C. ARTESIA, OFFICE	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Unit	Well No. 151	Pool Name, Including Formation Fren-7-Rivers	Kind of Lease State, Federal or Fee LC-029420-A	Lease No.
Location				
Unit Letter K	2130	Feet From The S	Line and 1988/1980	Feet From The West
Line of Section 15	Township 17-South	Range 31-East	NMFM, Eddy	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2197, Houston, Texas 77001					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 22	Twp. 17	Rge. 31	Is gas actually connected? Yes	When

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-8-78	Date Compl. Ready to Prod. 6-30-78	Total Depth 2600'	P.B.T.D. 2557'					
Elevations (DF, RKB, RT, GR, etc.) 3867'	Name of Producing Formation Seven Rivers	Top Oil/Gas Pay 2302'	Tubing Depth 2440'					
Perforations 2302-2424	Depth Casing Shoe 2600'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 11"	CASING & TUBING SIZE 8 5/8	DEPTH SET 582	SACKS CEMENT 275 sxs. Cmt. Circ.					
7 7/8"	5 1/2	2599	650 sxs. Cmt. Circ.					
	2 3/8	2440						

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 6-30-78	Date of Test 7-9-78	Producing Method (Flow, pump, gas lift, etc.) Pump 2 x 1 1/2 x 12	
Length of Test 24 hrs.	Tubing Pressure -	Casing Pressure -	Choke Size -
Actual Prod. During Test 43	Oil-Bbls. 5	Water-Bbls. 38	Gas-MCF 3.8

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

Dale R. Crockett

(Signature)

AREA SUPERINTENDENT

(Title)

7-24-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 28 1978

BY W. A. Gressett

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 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.

