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NEW MEXICO OIL CONSERVATION COMMISSION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

0+4-NMOCC-Artesia
1-R.J.Starrak-Tulsa
1-A.B.Cary-Midland
1-File
1-Engr.-Hal Owens
1-Foreman-E. Fowler
1-Energy Resources Board, Santa Fe, N.M.

RECEIVED
JUL 26 1978
O. C. C.
ARTESIA, OFFICE

I.

Operator: Getty Oil Company

Address: P.O. Box 730 Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well [XX] Recompletion [ ] Change in Ownership [ ]

Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner ____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Skelly Unit	139	Fren 7-Rivers	~~State~~, Federal or ~~Fee~~	LC-029418-B

Location

Unit Letter O ; 510' Feet From The South Line and 1980' Feet From The East

Line of Section 23 Township 17-S Range 31-E , NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co.	P.O. Box 1510 Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas [X] 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.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	H	28	17-S	31-E	Yes	6-20-78

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	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-30-78	6-20-78	2679	2637
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3861 GR	Seven Rivers	2378	2489
Perforations			**Depth Casing Shoe**
2378-2469			2679

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8 5/8	699	275 Cmt. Circ.
7 7/8	5 1/2	2679	800 Cmt. Circ.
	2 3/8	2489	

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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
6-20-78	6-24-78	Pump 2" X 1 1/2" X 12'	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
24	--------	----------	----------
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**
12	12	0	12

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

(Signed) D. R. CROCKETT
(Signature)

Area Superintendent
(Title)

7-24-78
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 28 1978, 19__

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.