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| LAND OFFICE            |     |   |
| TRANSPORTER            | OIL | / |
|                        | GAS | / |
| OPERATOR               |     | / |
| PROBATION OFFICE       |     |   |

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND

Form C-104  
Supersedes Old C-101 and C-11  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
0+4-NMOCC-Artesia  
1-R. J. Starrak-Tulsa  
1-A. B. Cary-Midland  
1-HAO, Engr.  
1-ECF, Foreman

1-BH  
1-File

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SEP 11 1978

|                                                   |                                     |                             |                                     |
|---------------------------------------------------|-------------------------------------|-----------------------------|-------------------------------------|
| Operator<br>Getty Oil Company                     |                                     | O. C. C.<br>ARTESIA, OFFICE |                                     |
| Address<br>P. O. Box 730; Hobbs, New Mexico 88240 |                                     |                             |                                     |
| Reason(s) for filing (check proper box)           |                                     | Other (Please explain)      |                                     |
| New Well                                          | <input checked="" type="checkbox"/> | Change in Transporter of:   |                                     |
| Recompletion                                      | <input type="checkbox"/>            | Oil                         | <input checked="" type="checkbox"/> |
| Change in Ownership                               | <input type="checkbox"/>            | Casinghead Gas              | <input type="checkbox"/>            |
|                                                   |                                     | Dry Gas                     | <input type="checkbox"/>            |
|                                                   |                                     | Condensate                  | <input type="checkbox"/>            |

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

|                                                                                                                                                            |                 |                                                 |                                        |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------|----------------------------------------|--------------------------|
| Lease Name<br>Skelly Unit                                                                                                                                  | Well No.<br>145 | Pool Name, including Formation<br>Fren 7-Rivers | Kind of Lease<br>State, Federal or Fee | Lease No.<br>LC-029418-A |
| Location<br>Unit Letter A : 660 Feet From The North Line and 810 Feet From The East<br>Line of Section 23 Township 17-South Range 31-East NMPM Eddy County |                 |                                                 |                                        |                          |

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                  |                                                                          |            |            |            |                                   |                 |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------|------------|------------|-----------------------------------|-----------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> | 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/>    | Address (Give address to which approved copy of this form is to be sent) |            |            |            |                                   |                 |
| Continental Oil Co.                                                                                              | P. O. Box 2197, Houston, Texas 77001                                     |            |            |            |                                   |                 |
| If well produces oil or liquids,<br>give location of tanks.                                                      | Unit<br>A                                                                | Sec.<br>22 | Twp.<br>17 | Rge.<br>31 | Is gas actually connected?<br>Yes | When<br>8-13-78 |

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

III. COMPLETION DATA

|                                                |                                              |                                   |                                              |                                   |                                 |                                    |                                     |                                      |
|------------------------------------------------|----------------------------------------------|-----------------------------------|----------------------------------------------|-----------------------------------|---------------------------------|------------------------------------|-------------------------------------|--------------------------------------|
| Designate Type of Completion - (X)             | Oil Well <input checked="" type="checkbox"/> | Gas Well <input type="checkbox"/> | New Well <input checked="" type="checkbox"/> | Workover <input type="checkbox"/> | Deepen <input type="checkbox"/> | Plug Back <input type="checkbox"/> | Same Resv. <input type="checkbox"/> | Diff. Resv. <input type="checkbox"/> |
| Date Spudded<br>7-5-78                         | Date Compl. Ready to Prod.<br>8-12-78        |                                   | Total Depth<br>2650'                         |                                   | P.B.T.D.<br>2610'               |                                    |                                     |                                      |
| Elevations (DF, RKB, RT, GR, etc.)<br>3889' GL | Name of Producing Formation<br>7-Rivers      |                                   | Top Oil/Gas Pay<br>2407'                     |                                   | Tubing Depth<br>2556'           |                                    |                                     |                                      |
| Perforations<br>2407-2535' = 19 (.32") Holes   |                                              |                                   |                                              |                                   | Depth Casing Shoe<br>2650'      |                                    |                                     |                                      |

TUBING, CASING, AND CEMENTING RECORD

|           |                      |           |              |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 11        | 8 5/8                | 650       | 275          |
| 7 7/8     | 5 1/2                | 2650      | 625          |
|           | 2 3/8                | 2556      |              |

IV. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of lead 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<br>8-13-78 | Date of Test    | Producing Method (Flow, pump, gas lift, etc.)<br>Pump 2" x 1 1/2" x 12" |            |
| Length of Test<br>24 hrs.                  | Tubing Pressure | Casing Pressure                                                         | Choke Size |
| Actual Prod. During Test<br>9              | Oil-Bbls.<br>9  | Water-Bbls.<br>0                                                        | Gas-MCF    |

GAS WELL

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test-MCF/D          | Length of Test            | Bbls. Condensate/MCF      | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

V. 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: *Dale R. Crockett*  
(Signature)

Area Superintendent  
(Title)

September 8, 1978  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 18 1978  
BY *W. A. Gussert*  
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 re-completed 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.



Getty Oil Company

Central Exploration and Production Division

P. O. Box 730

Hobbs, New Mexico 88240

August 24, 1978

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AUG 28 1978

O. C. C.  
ARTESIA, OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION

DRAWER DD

ARTESIA, NEW MEXICO 88210

SKELLY UNIT WELL NO. 145 23-17-31

DEVIATIONS

| <u>DEPTH</u> | <u>DEGREES OFF</u> |
|--------------|--------------------|
| 650          | 1°                 |
| 1142         | 1°                 |
| 1555         | 1 -1/4°            |
| 2167         | 1 -1/4°            |
| 2650         | 1 -1/4°            |

The above information is correct and complete to the best of my knowledge.

  
Dale R. Crockett, AREA SUPERINTENDENT

STATE OF NEW MEXICO  
COUNTY OF LEA

SWORN TO BEFORE ME, the undersigned on this the 24 day of August, 1978.

  
James C. Clark, Notary Public in and  
for the County of Lea, State of New  
Mexico,

My commission expires November 8, 1981.

BH/de