

## OIL CONSERVATION DIVISION

RECEIVED BY P. O. BOX 208H  
SANTA FE, NEW MEXICO 87501

FEB 21 1985

O. C. D. REQUEST FOR ALLOWABLE  
AND

NATIONAL OFFICE TO TRANSPORT OIL AND NATURAL GAS

NO. OF OFFICES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATION	
PRODUCTION OFFICE	

Operator

Getty Oil Company

Address

P. O. Box 728, 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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Skelly Unit	157	Grayburg Jackson Tron 7	State, Federal or Fee	LC-029419A
Location	Unit Letter	From The	Line and	Feet From The
	H	2600	North	1310
			Line and	East
Line of Section	22	Township	17-S	Range
			31-E	NMPM,
				Eddy
				County

## I. 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 Pipe Line Co.	P. O. Box 2528 Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" 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, give location of tanks.	Is gas actually connected? When
A 22 17-S 31-E	Yes 1-21-85

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

## V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff.
X			X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
12-22-84	1-25-85	3705'	3655'					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
2848.01	Grayburg	3097'	3610'					
Perforations			Depth Casing Shoe					
3097'-3452'			3705'					

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	577'	700
12 1/2"	8 5/8"	1860'	900
7 7/8"	5 1/2"	3705'	875
	2 3/8"	3610'	

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  
able 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.)	Choke Size
1-20-85	1-26-85	Flowing	16/64"
Length of Test	Tubing Pressure	Casing Pressure	Gas-MCF
24 Hrs.	60#		
Actual Prod. During Test	Oil-Bble.	Water-Bble.	
	25	287	74

GOR 2960/1

## GAS WELL

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

## I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.

District Operations Manager

2/14/85

(Date)

## OIL CONSERVATION DIVISION

FEB 26 1984

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_  
Supervisor District II

TITLE \_\_\_\_\_

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 device  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
wells on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of  
well name or number, or transporter, or other such change of conduct.Separate Forms C-104 must be filed for each pool in multi  
well completions.