

NEW MEXICO OIL CONSERVATION COMMISSION
 RULES WITH ALLOWABLE
 APP.
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-114
 Supersedes O-114 and
 Effective 1-1-65

RECEIVED

TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
PROBATION OFFICE		

Operator
 Getty Oil Company

Address
 P. O. Box 1351, Midland, Texas 79702

Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Costinghead Gas Condensate Other (Please explain)
 Skelly Oil Company merged with Getty Oil Company effective 1-31-77

If change of ownership give name and address of previous owner
 Skelly Oil Company, P. O. Box 1351, Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Unit	Well No. 97	Pool Name, Including Formation Grayburg Jackson (SR, O.G. SA)	Kind of Lease State (Federal) LC-024426	Lease No.
Location: Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u>				
Line of Section <u>28</u>	Township <u>17S</u>	Range <u>31E</u>	County <u>Eddy</u>	

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 Company	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 Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Continental Oil Company	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 <u>H</u> Sec. <u>28</u> Twp. <u>17S</u> Rng. <u>31E</u>	Is well actually connected? <u>Yes</u> when <u>June 1, 1960</u>

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 Well, Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.H.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
Perforations		Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back prod.)	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

(SIGNED) LELAND FRANZ
 Leland Franz
 District Production Supervisor

OIL CONSERVATION COMMISSION
 APPROVED FEB 8, 1977
 BY W. A. Grissett
 TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 111.
 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 run on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for filing.