

Form O-104  
Superseded Old O-104 on 1-1-65  
Effective 1-1-65

1. OPERATOR

|                   |     |   |
|-------------------|-----|---|
| TRANSPORTER       | OIL | 1 |
| OPERATION         | GAS | 1 |
| PRODUCTION OFFICE |     | 1 |

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

FEB 2 1977

1. 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: Oil ☐ Dry Gas ☐ Other (Please explain) Skelly Oil Company merged with Getty Oil Company effective 1-31-77

Recompletion ☐ Gas ☐ Condensate ☐

Change in Ownership ☒ Continuation ☐

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

II. DESCRIPTION OF WELL AND LEASE

|                 |          |                                                           |                      |                   |
|-----------------|----------|-----------------------------------------------------------|----------------------|-------------------|
| Lease Name      | Well No. | 1. Well Name, Location & Production                       | Kind of Lease        | Lease No.         |
| Skelly Unit     | 92       | Grayburg Jackson (SR.O.G.SA)                              | State (Federal) Perm | LC-0294206        |
| Location        |          |                                                           |                      |                   |
| Unit Letter     | E        | 1980 Feet From The North Line and 66.0 Feet From The West |                      |                   |
| Line of Section | 28       | Township 17S                                              | Range 31E            | NMNM, 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"/> | Address (Give address to which approved copy of this form is to be sent) |
| Texas-New Mexico Pipeline Company                                                                                | P. O. Box 1510, Midland, Texas 79702                                     |
| Name of Authorized Transporter of 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 Company                                                                                          | P. O. Box 2197, Houston, Texas 77001                                     |
| If well produces oil or liquids, give location of tanks.                                                         | Unit Sec. Twp. Rng. Is gas actually connected? When?                     |
| H 28 17S 31E                                                                                                     | Yes June 1, 1960                                                         |

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 | Scale Removal | Diff. Res. |
| Date Spudded                            | Date Compl. Ready to Prod.  | Total Depth     | F.M.T.D.     |          |        |           |               |            |
| Elevations (D.F., R.R.B., 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 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 | 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 (piston, back pr.) | Tubing Pressure (shot-in) | Casing Pressure (shot-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) LELAND FRANZ and Franz

District Production Manager

(Title)

February 1, 1977

(Date)

OIL CONSERVATION COMMISSION

FEB 8 1977

APPROVED \_\_\_\_\_, 10

BY: W. A. Gressett

TITLE: SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 10.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a certification 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.