

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and O-104a
Effective 1-1-65

RECEIVED

FEB 2 1977

O. C. C.
ARTERIA, OFFICE

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly Unit	Well No. 98	Foot Name, including formation Grayburg-Jackson (SR.O.G.SA)	Kind of Lease State (Federal or Fee)	Lease No. LC-029420
Location Unit Letter J	1980	Feet From The S 1/2	Line and 1980	Feet From The East
Line of Section 28	Township 17S	Range 31E	N.M.P.M.	Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate None - Input Injection	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas None	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When.

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

IV. COMPLETION DATA

Designate Type of Completion - (A)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, RKB, RT, CR, 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/MCF	Gravity of Condensate
Testing Method (pilot, back, etc.)	Testing Pressure (psia-in)	Casing Pressure (psia-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

(Signature) Leland Franz

District Production Supervisor

February 1, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 8 1977

BY W. A. Gressett
TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1-1-1.

If this is a request for allowance for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on this well in accordance with RULE 1-1-1.

All sections of this form must be filled out completely for allowance on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transportation of other such change of condition.