

1. TRANSPORTER
OIL
GAS
OPERATOR
OPERATION OFFICE

REQUEST FOR ALLOWABLE
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form OCS-104
Supersedes OCS-103 and 1
Effective 1-1-65

RECEIVED

FEB 2 1977

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

O. C. C.
ARTIFICIAL OFFICE
Skelly Oil Company merged with Getty Oil Company effective 1-31-77

II. DESCRIPTION OF WELL AND LEASE
Lease Name Skelly Unit
Well No. 107
Pool Name, including Location Grayburg Jackson (SR.Q.G.SA)
Kind of Lease State, Federal or Fee LC-039419(b)
Unit Letter E
1760 Feet From The North Line and 660 Feet From The West
Line of Section 27 Township 17S Range 31E NMPM Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
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 Casinghead Gas ☒ or Dry Gas ☐
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 H Sec. 28 Twp. 17S Rge. 31E
Is gas actually connected? Yes When April 26, 1971
PC-450

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well ☒ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Come Back ☐ DM. Res.
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.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/MMCF
Gravity of Condensate
Testing Method (pitot, back pr.)
Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)
Choke Size

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 Manager
February 1, 1977
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 9 1977
BY W. A. Gressett
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 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.