

TRANSPORTER	OIL	/
	GAS	/
OPERATION		/
PRODUCTION OFFICE		

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-100
Supersedes O&N 6-101 and
Effective 1-1-55

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 ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

O. C. C.

ARTESIA, OFFICE

Other (Please explain)

Skelly Oil Company merged with Getty Oil Company effective 3-31-77

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 Todd 2 State	Well No. and Name, including Formation 1 Sand Dunes Lower Penn South	Kind of Lease State, Federal or Free	Lease No. K-5017
Location Unit Letter F; 1980 Feet From The North West Line and 1980 Feet From The North West	Line of Section 2 Township 24S Range 31E	NMPM	Eddy Texas County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ NONE	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Natural Gas Pipeline Co. of America	Address (Give address to which approved copy of this form is to be sent) Box 283 Houston, TX 77001
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Rge. - - - -	Is gas actually connected? When Yes 5-24-76

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Damage Rev.	Unit No.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.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 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	Emis. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-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.

(Signature)

Leland Franz

District Production Manager

(Title)

February 1, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED

FEB 8 1977

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BY

W. A. Gressett

TITLE

SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1002.

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 recompleting 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.