

REGULATIONS FOR OIL AND NATURAL GAS
AND
AN ACT TO TRANSPORT OIL AND NATURAL GAS

Revised 1965
Approved by DR (10) and
EHSW 1-1-65

TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

Operator
Getty Oil Company
Address:
P. O. Box 1351, Midland, Texas 79702

Person(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Re-completion Oil Dry Gas
 Change in Ownership Casingshead 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>L. Van Etten</u>	Well No. <u>4</u>	Pool Name, including location <u>Eunice - Monument</u>	Kind of Lease State, Federal or <u>Other</u>	Lease No. <u>---</u>
Location Unit Letter <u>K</u> <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>9</u> Township <u>20S</u> Range <u>37E</u> , NMPM, Lea 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"/> <u>Shell Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2648 Houston, TX 77001</u>
Name of Authorized Transporter of Casingshead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Warren Petroleum Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1589 Tulsa, OK 74101</u>
If well produces oil or liquids, give location of tanks. Well <u>I</u> Sec. <u>9</u> Twp. <u>20S</u> Rge. <u>37E</u>	Is gas actually connected? <u>Yes</u> When <u>unknown</u>

If this production is commingled with that from any other lease or pool, give commingling order number: R-439

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New Well	Workover	Deepen	Plug Back	Same Heads	Unit Restr.
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 lead 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, sur. 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 (part, back pr.)	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) Island Franz
(Signature) Island Franz
District Production Manager
(Title)
February 1, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1103.
If this is a request for allowable for a newly drilled or deepened well, this form must be recommended by a tabulation of the production tests taken on the well in accordance with RULE 110.

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

Fill out only Sections I, II, III, and IV for change of owner, well name or number, or transportive facilities or change of conditions.