

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-101 and
 Effective 1-1-65

WELL TITLE	
STATE	
COUNTY	
WELL NO.	
WELL DEPTH	
WELL TYPE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

I. OPERATOR
 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:
 Recombpletion Oil Dry Gas
 Change in Ownership Casinghead 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 Myers Langlie-Mattix Unit Well No. 245 Pool Name, Including Formation Langlie-Mattix Kind of Lease FEE Lease No. _____
 Location
 Unit Letter N 660 Feet From The SOUTH Line and 1980 Feet From The WEST
 Line of Section 7 Township 24s Range 37E NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Shell Pipeline Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 2648 Houston Texas 77001
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
El Paso Natural Gas Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1492, El Paso, Texas 79999
 If well produces oil or liquids, give location of tanks. Unit N Sec. 7 Twp. 24s Rge. 37E Is gas actually connected? Yes When UNKNOWN

IV. COMPLETION DATA
 If this production is commingled with that from any other lease or pool, give commingling order number: _____
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Some Restv. Diff. Res.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.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 Ebls. 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.
 (SIGNED) LELAND FRANZ

 (Signature) Leland Franz

 (Title) District Production Manager

 (Date) February 1, 1977

OIL CONSERVATION COMMISSION
 APPROVED _____, 19____
 BY _____
 TITLE _____
 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.

RECEIVED

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