Porm C-104 REQUEST FOR ALLOWABLE -Ü Supersedes Old C-104 and to Effective 1-1-65 AND G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS - ID OFFICE OIL TRANSPORTER GAS OPERATOR RECEIVED PROBATION OFFICE Getty Odl Company V 1977 FEB 2 P. O. Box 1351, Midland, Texas Reason(s) for filing (Check proper box) P. O. o. c. c. 79702 ARTESIAN Afledse explain) New Well Change in Transporter of: Skelly 011 Company merged with Getty Oil Dry Gas Oil Company effective 1-31-77 Change in Ownership X Casinohead Gas If change of ownership give name Skelly Oil Company, P. O. Box 1351, Midland, Texas 79702 II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Leune No. Skelly Unit Grayburg-Jackson (R.Q.G.SA) State (Federal or Fee 029419 Location 510 Feet From The South Unit Letter Line and 660 Line of Section 17S Township Range 31E , NMPM. Eddy County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) None - Input Injustion Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) Unit Sec. Twp. P.ge. If well produces oil or liquids, Is gas actually connected? When give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Gas Well New Well Workover Deepen Same Res'v. Diff. Res'v Plug Back Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oli/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 7. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL 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 Tost Oil-Bhis. Water - Bbls. Gas - MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Coming Pressure (Shut-in) Choke Size CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION FEB 8 I hereby contify that the rules and regulations of the Oil Conservation APPROVED Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. SUPERVISOR, DISTRICT II TITLE (SIGNED) LELAND FRANZ This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or deepened (Signature) Leland Franz well, this form must be accompanied by a tabulction of the deviction tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-while on new and recompleted walls.

well name or number, or transporter, or other such change of condition.

Fill out only Sections I. H. III, and VI for changes of owner,

District Production Manager

February 1, 1977

(Title)

(Date)