

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

Form O-104
Super index Old O-104 et al.
Effective 1-1-55

NAME		
ADDRESS		
CITY		
STATE		
ZIP		
DATE		
FILED		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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 ☐
Oil (Please explain)
ARTESIA, OFFICE
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 Lea "D"	Well No. 2	Pool Name, Including Formation Grayburg-Jackson	Kind of Lease State, (Federal) or Fee Fed	Lease No. LC-02941
Location Unit Letter A ; 710 Feet From The North Line and 660 Feet From The East Line of Section 26 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 K Sec. 26 Twp. 17S Rge. 21E	Is gas actually connected? When Yes 12-8-60			

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	Some-Resrv.	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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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) BELAND FRANZ
(Signature) Beland Franz
District Production Manager
(Title)
February 1, 1977
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 9 1977
BY W. A. Grossett
TITLE SUPERVISOR, DISTRICT II

This form is to be filled in compliance with RULE 130.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of 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.