

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		Form C-104 Supersedes Old C-104 and C-105 Effective 1-1-65	
NAME G.S. MAILING OFFICE TRANSPORTER OPERATOR REGISTRATION OFFICE			
Getty Oil Company P. O. Box 1351, Midland, Texas 79702			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/> Incompletion <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/>		Change in Transporter of: Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Skelly Oil Company merged with Getty Oil Company effective 1-31-77	
Change of ownership give name and address of previous owner Skelly Oil Company, P. O. Box 1351, Midland, Texas 79702			
DESCRIPTION OF WELL AND LEASE			
Lease Name West Dollarhide Drinkard		Well No. 38 Pool Name, including Formation Dollarhide Tubb-Drinkard	
Location Unit		Kind of Lease State, Federal or Fee	
Unit Letter M		Feet From The SOUTH Line and 660 Feet From The WEST	
Line of Section 28		Township 24S Range 38E, NMPM, Lea County	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
Texas-New Mexico Pipeline Company		P. O. Box 1510, Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company		P. O. Box 1492, El Paso, Texas 79999	
If well produces oil or liquids, give location of tanks.		Is gas actually connected? When	
Unit 0 Sec. 32 Twp. 24S Rge. 38E		Yes NA	
this production is commingled with that from any other lease or pool, give commingling order number:			
COMPLETION DATA			
Designate Type of Completion - (X)			
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.			
Date Spudded		Date Compl. Ready to Prod.	
Total Depth		P.E.T.D.	
Name of Producing Formation		Tubing Depth	
Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE		CASING & TUBING SIZE	
DEPTH SET		SACKS CEMENT	
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)			
Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Tubing Pressure		Casing Pressure	
Choke Size			
Oil-Bbls.		Water-Bbls.	
Gas-MCF			
S WELL			
Length of Test		Bbls. Condensate/MMCF	
Gravity of Condensate			
Tubing Pressure (shut-in)		Casing Pressure (shut-in)	
Choke Size			
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 is true and complete to the best of my knowledge and belief.			
(SIGNED) LELAND FRANZ			
Leland Franz			
District Production Manager			
February 1, 1977			
OIL CONSERVATION COMMISSION FEB 10 1977 APPROVED BY Jerry Sexton Dist. 1, Supv. 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.			