| | | |
|---|---|---|
| G.S. | | |
| D OFFICE | | |
| TRANSPORTER Oil | | |
| TRANSPORTER Gas | | |
| OPERATOR | | |
| PRORATION OFFICE | | |

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104, and C-110
Effective 1-1-65

I. Operator

Getty Oil Company

Address

P. O. Box 1351, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well [ ]
Recompletion [ ]
Change in Ownership [X]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
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 | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Las Cruces "B" | 1 | Allison-Penn. | State, (Federal) or Fee NM-0 | 3431 |

Location

Unit Letter D ; 660 Feet From The North Line and 660 Feet From The West

Line of Section 30 Township 8S Range 37E , NMPM, Roosevelt Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]
Permian Corp.
Address (Give address to which approved copy of this form is to be sent)
Box 3119 Midland, Tx 79702

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]
Warren Petroleum
Address (Give address to which approved copy of this form is to be sent)
Box 1589 Tulsa, OK. 74101

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | B | 30 | 8S | 37E | Yes | 11-30-70 |

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 | Same Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| 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 (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 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) LELAND FRANZ

(Signature) Leland Franz
District Production Manager
(Title)
February 1, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 8 1977, 19

BY Orig. Signed by John Runyan

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.

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

# SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR: Skelly Oil Company

3. ADDRESS OF OPERATOR: P. O. Box 1351, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FNL and 660' FWL, Sec. 30-8S-37E

5. LEASE DESIGNATION AND SERIAL NO.: NM-05431

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: ----

7. UNIT AGREEMENT NAME: ----

8. FARM OR LEASE NAME: Las Cruces "B"

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Allison-Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 30-8S-37E

12. COUNTY OR PARISH: Roosevelt

13. STATE: New Mexico

14. PERMIT NO.: ----

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4056'DF

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | [ ] | PULL OR ALTER CASING | [ ] | WATER SHUT-OFF | [ ] | REPAIRING WELL | [ ] |
| FRACTURE TREAT | [ ] | MULTIPLE COMPLETE | [ ] | FRACTURE TREATMENT | [ ] | ALTERING CASING | [ ] |
| SHOOT OR ACIDIZE | [ ] | ABANDON* | [ ] | SHOOTING OR ACIDIZING | Acid Treatment | ABANDONMENT* | [X] |
| REPAIR WELL | [ ] | CHANGE PLANS | [ ] | (Other) | | | |
| (Other) | | | | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) | | | |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

Well has been shut in since March 1, 1970. In an effort to return it to a productive status, the following work was done:

(1) Moved in and rigged up workover rig 12-2-70. Pulled tubing and bottom-hole Kobe seal assembly.

(2) Ran tubing, washover shoe and bumper sub to top of production packer at 9559'; Milled and pushed packer to 9636'. Pulled tubing and washover shoe.

(3) Ran tubing and set at 9624', seating nipple at 9613'.

(4) Ran rods and pump and tested Bough "C" perforations 9593-9617' with beam-type equipment several days with no recovery.

(5) Treated down annulus with 2,000 gallons Dowell "DAD" followed with 60 barrels crude oil.

(6) Returned well to production status on February 5, 1971, producing 77 barrels oil, no water and 79 MCF gas per day through 5½"OD casing perforations 9593-9617' of the Bough "C" formation.

18. I hereby certify that the foregoing is true and correct

SIGNED (Signed) J. R. Avent TITLE D.A.C. DATE 2-8-71

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
FEB 10 1971
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

## Instructions

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1983—O-385229

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| TRANSPORTER OIL | | |
| TRANSPORTER GAS | | |
| OPERATOR | | |
| PRORATION OFFICE | | |

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-110*
Effective 1-1-65

**I.**

Operator
**Skelly Oil Company**

Address
**P. O. Box 1351, Midland, Texas 79701**

Reason(s) for filing *(Check proper box)*

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☒ Condensate ☐

Other *(Please explain)*
**The gas line was disconnected January 1, 1968, as this well had ceased to produce gas, and has now been re-connected.**

If change of ownership give name and address of previous owner _____

## II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| **Las Cruces "B"** | **1** | **Allison-Penn** | State, Federal or Fee **Federal** | **NM-03431** |

Location
Unit Letter **"D"** ; **660** Feet From The **North** Line and **660** Feet From The **West**

Line of Section **30** Township **8S** Range **37E** , NMPM, **Roosevelt** 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)* |
|---|---|
| **The Permian Corporation** | **P. O. Box 3119, Midland, Texas 79701** |
| Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ | Address *(Give address to which approved copy of this form is to be sent)* |
| **Warren Petroleum Corporation** | **P. O. Box 308, Tatum, New Mexico 88267** |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | **B** | **30** | **8S** | **37E** | **Yes** | **November 30, 1970** |

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 | Same Res'v. | Diff. Res'v. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| 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

*(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 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) P. L. NUNLEY , **P. L. Nunley**
*(Signature)*

**District Production Manager**
*(Title)*

**December 3, 1970**
*(Date)*

OIL CONSERVATION COMMISSION

APPROVED DEC 7 1970, 19 _____

BY John W. Runyan

TITLE Geologist

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.

Separate Forms C-104 must be filed for each pool in multiply