

REQUEST FOR ALLOWABLE AID

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			
Operator Getty Oil Company			
Address P. O. Box 1351, Midland, Texas 79702			
Person(s) for filing (Check proper box)			
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		Dry 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 Hobbs T & J	Well No. 7	Pool Name, including Formation Chaveroo San Andres	Kind of Lease State Federal or Fee	Lease No. K-1369
Location Unit Letter L ; 1980 Feet From The South Line and 660 Feet From The West				
Line of Section 34	Township 7-S	Range 33-E	, NMPM, Roosevelt, Texas 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) P.O. Box 900 Dallas Texas 75221	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) 800 Vaughn Building Midland Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 34
	Twp. 7-S	Rge. 33-E
	Is gas actually connected?	When
	Yes	6-6-66

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 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/MCF	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

District Production Manager

(Title)

February 1, 1977

(Date)

OIL CONSERVATION COMMISSION

FEB 8 1977

APPROVED _____, 12

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 deviate tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter or other such change of cond

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one
more
than

RECEIVED

FEB 2 1977

U.S. DEPT. OF JUSTICE
WASHINGTON, D. C.