

RULE SET FOR ALLOWABLE
 AND
 AUT. IZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OIL C-101 and
 Effective 1-1-65

TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

Operator Getty Oil Company	
Address P. O. Box 1351, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐ Recompletion ☐ Change in Ownership ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
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

Lease Name Hobbs T		Well No. 14	Pool Name, including Formation Chaveroo San Andres	Kind of Lease ☒ State ☐ Federal or Fee	Lease No. K-1369
Location					
Unit Letter J	1980	Feet From The South	Line and 1980	Feet From The East	
Line of Section 35	Township 7-S	Range 33-E	NMFM, Roosevelt	County	

Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)	
Mobil Pipe Line Company		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)	
Cities Service Oil Company		800 Vaughn Building, Midland, Texas 79701	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 34	Twp. 7-S
			Range 33-E
			Is gas actually connected? Yes
			When 6-6-66

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RAB, 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

VI. 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

I. 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	19
BY <u>John</u> Signed by	
TITLE <u>General</u>	
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.	