I.	57 57 11 11 1 1 G.S. 10 01 TRANSPORTER 01 OPERATOR 045 PRORATION OFFICE	PEWER ACCOUNT CONSULVATION COMMISSION REQUEST FOR ALL ORABLE AND AUGUMPRIZATION TO TRANSPORT OIL AND NATURAL GAS						
	Getty 011 Company			· .				
Address								
	Reason(s) for filing (Check proper box	d, Texas 79702	•	Other (Please explain)	•			
	New Woll Recompletion Change in Ownership X		On Dry Gas Oil			ly Oil Company merged with Getty Company effective 1-31-77		
	If change of ownership give name and address of previous owner Skelly 011 Company, P. O. Box 1351, Midland, Texas 79702							
11.	II. DESCRIPTION OF WELL AND LEASE Lease Name Wel: No. Pool Name, Including Formation Kind of Lease							
	Lovington San Andres U	nit 22 Lovington Sa	in Andro			B-1505		
	Unit Letter N; 330 Feet From The SOUTH ine and 1650 Feet From The WPST							
			37-E	, NMPM, Lea		County		
HI.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	\S		······································	county		
	Name of Authorized Transporter of Off X or Condensate Address (Give address to which approved copy of this form is to be su Texas-New Mexico Pipeline Company P. O. Box 1510. Midland Texas 79702							
	Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas Address (Give address to which approved cop					79702 is form is to be sent)		
	Phillips Petroleum Com	Dany Unit Sec. Twp. Ege.	Philli Is gas ac	ps Building, Odes tually connected?	sa, Texa	<u>s 79760</u>		
	give location of tanks. B 1 175 36E Yes UNKNOWN							
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA							
	Designate Type of Completic	n - (X) Oil Well Gas Well	New Well	Workover Deepen	Plug Hack	Same Resty, Diff. Res		
	Date Spudded	Date Compl. Ready to Prod.	Total Dep	th	P.B.T.D.	· · · · · · · · · · · · · · · · · · ·		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/C	Gas Pay	Tubing Dept	h		
	Perforations			j Dept		g Shoe		
						,		
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET		SA.	CKS 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							
,, i	OIL WELL (1 est mist be after recovery of total volume of load oil and must be equal able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Teat Producing Method (Flow, pump, gas lift, etc.)					ust to or exceed top allow-		
			 	·				
	Length of Test	Tubing Pressure	Casing Pr	01010 010	Choke Size			
	Actual Prod. During Test	Oil-Bblc.	Water - Bbl	۵.	Gas-MCF			
•	GAS WELL				·			
ſ	Actual Prod. Test-MCF/D	Length of Tust	Bbls. Con:	lencate/MMCF	Gravity of Co	ondensate		
	Testing Method (pitot, back pr.)	Tubing Pressure (Ehut-in)	Casing Pre	ossure (Shut-in)	Cheke Size			
 ۷۲. ا	CERTIFICATE OF COMPLIANC	£						
			FEB 9 1977					
(I hereby certify that the rules and regulations of the Gil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			FED Y IS// APPROVED Signed by, 19 DY Larry Sexton DY Bury				
•				•				
	(SIGNED) ISLAME TANK		TITLE					
-	(Signature) Leland Franz (Signature) Leland Franz District Production Manager (Tale) February 1, 1977 (Date)			If this is a request for allowable for a newly dilled or deepend well, this form must be accompanied by a t-balation of the deviation tents taken on the well in accordance with nutle 111. All rections of this form must be filled out completely for allow-				
-								
-				able on new and recompleted walls. Fill out only Cactions J. M. III, and VI for changes of evener,				
•				out only Cactlank 1, 11, we or number, or transporte	ni, and Vi Gor other Kuc	b (hange of condition.		
				•				