

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

DATE			
G.S.			
D OFFICE			
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)			
New Well	☐	Change in Transporter of:	Other (Please explain)
Recompletion	☐	Oil ☐	Skelly Oil Company merged with Getty
Change in Ownership	☒	Casinghead Gas ☐	Oil Company effective 1-31-77
		Dry Gas ☐	
		Condensate ☐	
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
State Oil Co.	26	Lovington Paddock	State, Federal or Fee
Location			Lease No.
Unit Letter	A	660 Feet From The North Line and 660 Feet From The East	B-7896
Line of Section	31	Township 16 S	Range 37 E
			NMPM, Lea 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)		
Texas-New Mexico Pipeline Company	P.O. Box 1510, Midland, Texas 79702		
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Company	Phillips Bldg., Odessa, Texas 79760		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
	H	31	16 S
			Rge. 37 E
			Is gas actually connected? Yes
			When Unknown

IV. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
			Workover
			Deepen
			Plug Back
			Same Res'ty.
			Diff. Res'ty.
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/MMCF	Gravity of Condensate
Testing Method (pilot, 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
(Title)	District Production Manager
(Date)	February 1, 1977

OIL CONSERVATION COMMISSION	
APPROVED _____, 19__	
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 deviation tests taken on the well in accordance with RULE 111.	
All portions 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.	

FILED
APR 2 1977
FBI - CONSENT, N. W.
HARRIS, N. W.