

REGISTRATION FOR ALLOWABLE
(NEW)
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Supersedes OCS 1-109 and
LB-60498 1-1-65

TO OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

I. 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:
Production ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ 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 CLARA FOWLER	Well No. 1	Pool Name, including Formation HOBBS (G-SAS)	Kind of Lease State, Federal or Free	Lease No.
Location Unit Letter C 440 Feet From The NORTH Line and 2310 Feet From The WEST Line of Section 31 Township 18-S Range 38-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ SHELL PIPELINE CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648, Houston, Texas, 77001			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) PHILLIPS BUILDING, Odessa, Texas, 79701			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 31	Twp. 18-S	Range 38-E
				Is gas actually connected? Yes
				When UNKNOWN

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 Rest'n	Unit Rest'n
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.E.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND GRUING 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 (push, back pr.)	Tubing Pressure (Test-in)	Casing Pressure (Test-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

OIL CONSERVATION COMMISSION

APPROVED FEB 3 1977, 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 1, 2, 3, 4, 5, and 6 for changes of owner.