	57 TAFE		NEW MEXICO OF CONSCRIVATION COMMISSION REQUEST FOR ALLOWABLE AND			Form C-104 Supersedes Old C-104 and C Effective 1-1-65			
	G.S. - ID OFFICE I RANSPORTER GAS	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			GAS	1			
1	OPERATOR PRORATION OFFICE Operator								
	Getty 011 Company								
	P. O. Box 1351. Mid1a	und, Texas 79702							
	Reason(s) for filing (Check proper b New Well		Other (Please explain)						
	Recompletion Change in Ownership X	Gas	≈ 1011 Company effective 1-31-77						
If change of ownership give name Skelly Oil Company, P. O. Box 1351, Midland, Texas 7970						79702			
II	DESCRIPTION OF WELL AND LEASE								
•	Lovington San Andres	San Andres State Federal or Fee			B-3009				
	Unit Letter J ; 19	80 Feet From The <u>South</u> 1	•	4.	The F	AST			
	Line of Section T		36-E	, NMPM,	Lea	County			
IXI	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	FAS	· · · · · · · · · · · · · · · · · · ·		County			
	Name of Authorized Transporter of O None - Input		Address (G	ive address to which appro	ved copy of	this form is to be sent)			
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)								
	If well produces oil or liquids, Unit Sec. Twp. Eqc. Is gas actually connected? When give location of tanks.								
If this production is commingled with that from any other lease or pool, give commingling order number:									
	Designate Type of Completi	on - (X)	New Well	Workover Deepen	Plug Bac	k Same Restv. Diff. Rest.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	1	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Ga	s Pay	Tubing D	epth			
	Perforations	rforations		De		Depth Casing Shoe			
	HOLE SIZE		D CEMENTING RECORD		<u> </u>				
		HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
v .	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be			÷				
	OIL WELL Date First New Oil Run To Tanks	WELL able for this depth c				er recovery of total volume of load oil and must be equal to or exceed top allow- th or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pres	sure	Choke Siz	ke Size			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gan - MCF				
l	**								
ſ	AS WELL Actual Prod. Test-MCF/D Length of Test Bbls: Condensate/MMCF Gravity of Condensate								
ļ	·				Gravity of	Condensato .			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Press	ouro (Shut-in)	Choke Size				
4. (CERTIFICATE OF COMPLIANC		OIL CONSERVATION COMMISSION						
. C	hereby certify that the rules and re- commission have been complied w								
8	above is true and complete to the best of my knowledge and belief.			Orig. Signed by Jerry Sexton					
				TITLE Dist 1, Sugar					
140-s	(Signature) Leland Franz		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						
b	District Production Manager			feats taken on the well in accordance with HULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections J. H. HL and VI for chappen of owner.					
(Tule) February 1, 1977			able on ne Fill o						
(Date)				well mane or number, or transporter, or other such change of condition.					