

REQUEST FOR INFORMATION CONCERNING
ELIGIBILITY FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Superseded OIL C-101 and
Effective 1-1-65

TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

Operator
Getty Oil Company

Address

P. O. Box 1351, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry 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

DESCRIPTION OF WELL AND LEASE

Lease Name C.S. Caylor	Well No. 3	Pool Name, including Formation Lovington Abo	Kind of Lease State, Federal or <u>Fee</u>	Lease No. —
Location				
Unit Letter B	330	Feet From The North	Line and 2310	Feet From The East
Line of Section 6	Township 17-S	Range 37-E	NMPM,	Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510 Midland, Tx 79702			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg., Room B-2, Odessa, Tx 79761			
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 6	Twp. 17S	Rge. 37E
				Is gas actually connected? <u>Yes</u> When <u>unknown</u>

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 Res'n.	Diff. Res'n.
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

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

(Date)

OIL CONSERVATION COMMISSION

APPROVED

Orig. Signed by

John R. Franz

Geologist

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 production data 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 change of owner, well name or number, or transportation or other such change of condition.