1 A () Same and the englishment of the subsection Don Gilne REQUEST FOR ACLOMABLE -Supervider Old C-104 and i AHIO Effection 1-1-65 AUTHORIZATION TO TRAFFPORT OIL AND NATURAL GAS DOLFICE OIL THANSPORTER OPERATOR PROBATION OFFICE Operator Getty Oil Company Address P. O. Box 1351, Midland, Texas 79702 Reason(s) for liling (Check proper box) Other (Please explain) New Well Change in Transporter of: Skelly Oil Company merged with Getty Recompletion OII Dry Gas Oil Company effective 1-31-77 Change in Ownership X Casinghead Gas Condensate If change of ownership give name Skelly Oil Company, P. O. Box 1351, Midland, Texas 79702 and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Loase No. Lovington Paddock Unit 52 Lovington Paddock State, Federal c Fee Location В 510 Feet From The NoRTH Line and 2190 Feet From The FAST Line of Section 6 17-5 Township Range 37-€ , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Otl 💢 or Condensate Address (Give address to which approved copy of this form is to be sent) Texas-New Mexico Pipeline Company O. Box 1510, Midland, Texas 79702 ess (Give address to which approved copy of this form is to be sent) or Dry Gas Phillips Petroleum Company Phillips Building, Odessa, Texas 79760 Unit P.ge. If well produces oil or liquids, Twp. Is gas actually connected? give location of tanks. В 17S UNKNOWN 36E Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well Workover Flug Back Some Res'v. Diff. Res's Designate Type of Completion - (X) 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/Gos 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 (Test must be after recovery of total values of load oil and must be equal to or exceed top allowable for this depth or he for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Preseure Cusing Pressure Choke Size Actual Pred. During Test Oll-Bble. Woter - Bbls. Gas - MCF GAS WELL Actual Prod. Test MCF/D Length of Test Blile. Condensate/td/ACF Gravity of Condennate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Coaing Pressure (bhut-in) Choke Sixe VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION I hereby certify that the rules and regulations of the Oil Conservation APPROVED_ .. 19 .. Surred by Commission have been compiled with and that the information siven above is true and complete to the best of my knowledge and belief. Crit Jerry Sexten Dist 1, Supv. THILE This form is to be filed in compliance with null 1104. (SIGNED) LEIDET TO THE If this is a request for allowable for a newly diffied or despend Leland Franz (Signature) well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with nuce tit.

All sections of tide 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, II never or mention, or transporter, or ether such enough of condition.

<u> District Production Manager.</u>

February 1, 1977

(Title)

(Duc)

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-	NO. OF CODES BUCINED		·. ·	:	
	DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION Form C+104 DECLECT FOR ALL OWARD E Supersedes Old C-104 and C-11.			
	SANTA FE	REQUEST	FOR ALLOWABLE	Effective 1-1-65	
	FILE	-	AND	4.6	
	U.S.G.S.	_ AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS	
	LAND OFFICE	4			
	TRANSPORTER GAS				
	OPERATOR				
1.	PROBATION OFFICE				
	Operator				
	Skelly Oil Company				
	Address				
	P. O. Box 1351, Midlan	nd, Texas 79701	(0)		
	Reason(s) for filing (Check proper bos		Other (Please explain)	O	
	New Well Change in Transporter of: Phillips Petroleum Company purchased				
	Recompletion	On Dry Gas Skelly's Lovington Gasoline Plant			
	Change in Ownership	Casinghead Gas X Conder	october 1, 1971		
	If change of ownership give name and address of previous owner	LEASE			
11.	Lease Name	Well No. Pool Name, including t	1		
	Lovington Paddock Unit	t 52 Lovington P	addock State, Federal	cr Fee Fee	
		LO Feet From The North Lin	2190 Feet From T	he East Lea County	
	Line of Section 6 To	ownship 1/-S Range	JI L , INDICIO	Lica ,	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Note of Authorized Transporter of Cul X or Condensate Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Ci		i		
	Texas-New Mexico Pipeline Company P. O. Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Co	-			
	Phillips Petroleum Cor			<u>B-2, Odessa, Texas 79760</u>	
	If well produces oil or liquids,	Unit Sec. Twp. F.ge.	Is gas actually connected? Whe	11	
	give location of tanks.	B 1 17S 36E	Yes	<u> </u>	
IV.	If this production is commingled w	with that from any other lease or pool,		Plug Back Same Resty, Diff. Resty,	
- • •	Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Date Spudded	Date Compl. Ready to Pred.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation •,	Top Oll/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
			-	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	0710110 041112111	
			<u> </u>		

(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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Water - Bbls. Gas-MCF Oil - Bbls. Actual Prod. During Test

Actual Prod. Test-MCF/D Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Tubing Pressure (Shut	-in) Casing Pressure (Shut-in)	Choke Size

APPROVED_

BY.

TITLE _

VI. CERTIFICATE OF COMPLIANCE

m.

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.

C D. Lous
(Signature)
Mistrict Production Manager

(Title)

dinter

October 25, 1971

This form is to be filed in compliance with RULE 1104.

OIL CONSERVATION COMMISSION

Orig. Signed by

Joe D. Ramey Dist. I, Supr.

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 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 changes of owner, well name or number, or transporter, or other such change of confittion.