

**RULE 110 FOR ALLOWABLE
AND**

Form C-103
Supersedes Old C-103 and
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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 <input type="checkbox"/>	Change in Transporter of:		Other (Please explain)		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	Skelly Oil Company merged with Getty Oil Company effective 1-31-77		
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>			
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 State "H"	Well No. 1	Pool Name, including Formation EUNICE - MONUMENT	Kind of Lease State	Lease No. B-1328
Location Unit Letter E ; 1980 Feet From The NORTH Line and 990 Feet From The West				
Line of Section 25 Township 20s Range 36 E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXAS-NEW MEXICO PIPE LINE COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510 MIDLAND, TEXAS 79702			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> PHILLIPS PETROLEUM COMPANY	Address (Give address to which approved copy of this form is to be sent) PHILLIPS BUILDING, Odessa, TEXAS 79760			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 25	Twp. 20s	Rge. 36E
	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 Holes	Diff. Holes
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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (24hr-1in)	Casing Pressure (24hr-1in)	Choke Size

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.

(Signature) **Leland Franz**
District Production Manager

(Date) **February 1, 1977**

OIL CONSERVATION COMMISSION

FEB 8 1977

APPROVED _____, 19____
BY _____
Orig. _____
TITLE _____

This form is to be filed in compliance with RULE 110a.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the drillstem 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 recompleting wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such changes of condition.