

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		
O, Producer		
Getty Oil Company		
Address		
P. O. Box 1351, Midland, Texas 79702		
Reason(s) for filing (Check proper box)		
New Well	☐	Change in Transporter of:
Re-completion	☐	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	Well No.	Pool Name, Including Partition	Kind of Lease	Lease No.
L. Van Etten	3	Enrice Monument	State, Federal or <u>Reg</u>	
Location				
Unit Letter	<u>N</u>	<u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>		
Line of Section	<u>9</u>	Township <u>20S</u> Range <u>37E</u> N.M.P.M.	Loc	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Shell Pipeline Co.	Box 2648 Houston, Tx 77001					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Warren Petroleum Co.	Box 1589 Tulsa, OK 74101					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	<u>I</u>	<u>9</u>	<u>20S</u>	<u>37E</u>	<u>Yes</u>	<u>Unknown</u>

If this production is commingled with that from any other lease or pool, give commingling order number: PC-439

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Side Drill	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, RFB, KI, GK, 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 to 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 (61.6-in)	Casing Pressure (11.6-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

Director, Production Division

OIL CONSERVATION COMMISSION

APPROVED

FEL

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BY

Checked by

1977

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 the rules.