

APPLICATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	
Operator Getty Oil Company Address P. O. Box 1351, Midland, Texas 79702 Reason(s) for filing (check proper box) New Well ☐ Change in Transporter of: Recompletion ☐ 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 L. Van Eilen	Well No. 5	Pool Name, including Partition Eunice - Monument	Kind of Lease State, Federal or <u>Lease</u>	Lease No. —
Location Unit Letter <u>J</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>9</u> Township <u>20S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Shell Pipeline Co.	Address (One address to which approved copy of this form is to be sent) Box 2648 Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent) Box 1589 Tulsa, OK 74101
If well produces oil or liquids, give location of tanks. Unit <u>I</u> Sec. <u>9</u> Twp. <u>20S</u> Rge. <u>37E</u>	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: PC-439

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Results	Eff. Test
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.E.T.D.		
Elevations (DF, FIB, RF, 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 (psig-in)	Casing Pressure (psig-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

OIL CONSERVATION COMMISSION

APPROVED FEB 6 1977 19

BY John P. [Signature]

TITLE Commissioner

This form is to be filed in compliance with RULE 1106.