

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65
 Supersedes OIL CONSERVATION
 REGULATIONS

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 Etten	Well No. 6	Pool Name, including Formation Eunice-Monument	Kind of Lease State, Federal or ☒ Other
Location Unit Letter <u>0</u> : <u>660</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 (Give 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> Rng. <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 numbers: PC-439

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Test	Drill Re-test
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing 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 to third (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 shown above is true and complete to the best of my knowledge and belief.

(SIGNED) LELAND FRANZ

(Signature) Leland Franz

District Production Manager

(Date)

February 1, 1977

OIL CONSERVATION COMMISSION

APPROVED FEB 8 1977

BY

Cong. Seal

TITLE

Cong. Seal

This form is to be filed in compliance with RULE 1102.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation in the revision form filed on this well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.