

AUTHORIZATION 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
STATE "F"	2	Eunice-Monument	State, Federal or Fee	B-1336
Location				
Unit Letter		Feet From The	Line and	Feet From The
O	660	SOUTH	1980	EAST
Line of Section	Township	Range	NMPM	Lea County
17	20 S	37 E		

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 PIPE LINE CORPORATION	P.O. Box 2648 Houston, Texas 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 COMPANY	P.O. Box 1589 Tulsa, Oklahoma 74101
If well produces oil or liquids, give location of tanks.	Is well actually connected? When
P 17 20S 37E	Yes UNKNOWN

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Treat.	Refr. Rec.
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 (pitot, 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 given above is true and complete to the best of my knowledge and belief.

(Signature) Leland Franz

District Production Manager

(Title)

OIL CONSERVATION COMMISSION

FEB 8 1977

APPROVED _____, 19__

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1105.

If Oiler is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the deviation to be taken on the well in accordance with RULE 111.

All portions of this form must be filled out completely for allow-