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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE
AND

Form C-104

Superseding OIL C-101 and C-116

Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

5 - NM OCC - Hobbs

1 - Midland

1 - File

Operator Getty Oil Company	
Address Box 730, Hobbs, New Mexico 88240	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☐	To change Lease Name
Recompletion ☐	Formerly State "G"
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name
and address of previous owner _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Skelly "G" State	Well No. 1	Pool Name, including Formation Eumont	Kind of Lease State, Federal or Fee State	Lease No. B-2690
Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 30 Township 20-S Range 37 E , N.M.P.M., County _____				

II. 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)					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natl. Gas Co.	Box 1492, El Paso, Texas 79900					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	Unknown

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

V. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stim. Res't.	Unl. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.D.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 (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.Area Superintendent
(Signature)
June 10, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____
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 RULE 111.All sections of this form must be filled out completely for allow-
able on a newly completed well.Fill out only Sections I, II, III, and VI for change of owner,
well name or number, or transporter, or other such change of condition.