

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and 1
Effective 1-1-65

TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

I. 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 ☐ Other (Please explain)
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ 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 Mexico "W"	Well No. 5	Pool Name, including Formation Eumant (SR)	Kind of Lease State Federal or Fee	Lease No. B-1327
Location Unit Letter R : 1650 Feet From The South Line and 2310 Feet From The East Line of Section Z Township 21S Range 35E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1510 Midland Tx 79702			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Phillips Petroleum Co	Address (Give address to which approved copy of this form is to be sent) Phillips Bldg. Odessa Tx 79701			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 2	Twp. 21S	Rge. 35E
	Is gas directly connected? Yes When ?			

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	Same Reason	Diff. Re:
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Gas/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-PPH	Water-Gals.	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 (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 Plummer
District Production Manager

OIL CONSERVATION COMMISSION

APPROVED

FEB 8 1977

BY

John

TITLE

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 of the deviation to be taken on the well in accordance with RULE 111.
All sections of this form shall be filed in compliance with RULE 111.

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