

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
State "B"

Well No.
7

Pool Name, including Formation
EUMONT

Kind of Lease
State, Federal or Fee

Lease No.
B-1327

Location
Unit Letter E : 1650 Feet From The NORTH Line and 990 Feet From The West
Line of Section 16 Township 21-S Range 36-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐
NONE

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
GAS COMPANY of New Mexico

Address (Give address to which approved copy of this form is to be sent)
FIRST INTERNATIONAL Bldg., Dallas, Texas 75270

If well produces oil or liquids, give location of tanks.
Unit Sec. Twp. Rge.
Is gas actually connected? When
Yes April, 1952

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 Res'v. Diff. Res'

Date Spudded Date Compl. Ready to Prod. Total Depth P.E.T.D.

Elevations (D.F., RKB, RT, CR, 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 lead oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First Raw 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 (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
February 1, 1977
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 8 1977
BY John Ruppel
Geologist
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 allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.