

REGISTRATION TO TRANSPORT OIL AND NATURAL GAS

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

TRANSPORTER	OIL GAS
OPERATOR	
PROBATION OFFICE	

Operator
Gettly Oil Company
Address
P. O. Box 1351, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☐	Change in Transporter of:	Other (Please explain)
Recompletion ☐	Oil ☐	Skelly Oil Company merged with Gettly
Change in Ownership ☒	Casinghead Gas ☐	Oil Company effective 1-31-77
	Dry Gas ☐	
	Condensate ☐	

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 <u>King "C"</u>	Well No. <u>4</u>	Pool Name, including Formation <u>Langlie-Matrix</u>	Kind of Lease State, Federal or <u>Lease</u>
Location Unit Letter <u>H</u> ; <u>2115</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>1</u> Township <u>23S</u> Range <u>36E</u> , N.M.P.M. Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ <u>Texas-New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510 Midland, Tx 79702</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ <u>Gettly Oil Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1135 Eunice, N.M. 88231</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>B 1 23S 36E Yes 5-6-59</u>

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 Rests	Diff. Rest
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.W.T.D.					
Elevations (DF, 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 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 Method (pitot, back pr.)	Tubing Pressure (lbuc-in)	Casing Pressure (lbuc-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.

(SIGNED) LELAND FRANZ
(Signature) Leland Franz
District Production Manager

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 1101.
All sections of this form must be filled out completely for allow-