

AND
AUTORIZATION 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:
Becoming Joint	☐	Oil ☐
Change in Ownership	☒	Casinghead Gas ☒
		Dry 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.
Baker "B"	7	Drinkard	State, Federal or <u>Lease</u>	
Location				
Unit Letter	J	1980 Feet From The South Line and	1980 Feet From The East	
Line of Section	10	Township	22S	Range
			37E	NMPM, Lea County

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 Pipeline Co.	Box 2648 Houston, Tx 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)			
Getty Oil Co.	Box 1135 Eunice, N.M. 88231			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	0	10	22-S	37-E
				is gas actually connected? Yes
				When Unknown

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
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/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) Roland Franz
District Production Manager

OIL CONSERVATION COMMISSION

APPROVED FEB 9 1977, 19

BY [Signature]
TITLE [Signature]

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.

RECEIVED

FEB 2 1977

COMM. COMM.