

SA	TA	FE
FILE		
G.S.		
ID OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

CORRECTED AUTHORIZED TRANSPORTER OF OIL

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: Oil ☐ Dry Gas ☐	Other (Please explain) Skelly Oil Company merged with Getty Oil Company effective 1-31-77
Recompletion ☐	Casinghead Gas ☐ Condensate ☐	
Change in Ownership ☒		
If change of ownership give name and address of previous owner Skelly Oil Company, P. O. Box 1351, Midland, Texas 79702		

III. DESCRIPTION OF WELL AND LEASE

Lease Name Baker "A"	Well No. 1	Pool Name, Including Formation Drinkard	Kind of Lease State, Federal or Fee	Fee	Lease No. ---
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>					
Line of Section <u>26</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, Lea County					

IV. 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) Box 3119 Midland, Texas 79702	
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) Box 1135 Eunice, N.M. 88231	
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 26
	Twp. 22-S	Rge. 37-E
	Is gas actually connected? Yes	
	When Unknown	

V. COMPLETION DATA
If this production is commingled with that from any other lease or pool, give commingling order number: PC 515

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKS, 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			

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 (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

(Title)

March 1, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY _____ Orig. Signed by
Jerry Sexton
TITLE _____ Dist. J. Supv.

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.