

STATE OF TEXAS
OIL AND NATURAL GAS
DIVISION
REGISTRATION
OFFICE

TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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 ☐
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
Skelly Penrose "A" Unit
Location
Unit Letter N 660 Feet From The SOUTH Line and 1780 Feet From The WEST
Line of Section 33 Township 22-S Range 37-E N.M.P.M. Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☐
None - Input
Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
None
Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.
Unit Sec. Twp. Rge. Is gas actually connected? When

IV. COMPLETION DATA
Designate Type of Completion - (X)
Oil Well Gas Well New Well Workover Reopen Plug Back Same Res. Diff. Res.
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 lead 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.
(SIGNED) LELAND FRANZ
District Production Manager
February 1, 1977
OIL CONSERVATION COMMISSION
APPROVED FEB 1 1977
BY
TITLE
This form is to be filed in compliance with RULE 1134.
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 points taken on the well in accordance with RULE 111.
All portions 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 change of owner, well name, or number, or transportation or other such change or condition.

RECEIVED

1977
COMM.
H. M.