

REQUEST FOR ALLOWABLE
AND
AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

NAME		
ADDRESS		
CITY		
STATE		
ZIP		
DATE		
TIME		
BY		
OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

I. OPERATOR
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 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 Well No. 3 Pool Name, including Porection Langlie-Mattix Kind of Lease State, Federal or Free Lease No. 10-50-11
Location
Unit Letter I : 1980 Feet From The SOUTH Line and 660 Feet From The EAST Line of Section 33 Township 22-S Range 37-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipeline Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1510 - Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Getty Oil Company Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1135, Eunice, New Mexico 88231
If well produces oil or liquids, give location of tanks. Unit K Sec. 34 Twp. 22-S Rng. 37-E Is gas actually connected? Yes ☒ when UNKNOWN

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 ☐ Some Restr. ☐ Diff. Restr. ☐
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations (DE, 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 ton allowable for this depth or be for full 24 hours)
Pore 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 _____ H2O Condensate/BBLs _____ 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
(Signature) Leland Franz
District Production Manager
OIL CONSERVATION COMMISSION
APPROVED LEB 11 1977, 19____
BY _____
TITLE Sec. L. Franz
This form is to be filed in accordance with RULE 1104.
If this form is most for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation to be taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for flow