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FILE		
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D 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

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)  
EFFECTIVE JANUARY 31, 1977, SKELLY OIL COMPANY MERGED INTO GETTY OIL COMPANY  
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>Eunice Gasline Plant SWD</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Langlie-Mattie</u>	Kind of Lease State, Federal or <u>Fed</u>	Lease No.
Location Unit Letter <u>L</u> : <u>2580</u> Feet From The <u>South</u> Line and <u>1200</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>22S</u> Range <u>37E</u> , NMEM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>N/A</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>N/A</u>	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

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 Res'v.	Diff. Res'v.
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.

(SIGNED) LELAND FRANZ

(Signature) Leland Franz

District Production Manager

(Title)

February 18, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_ Orig. Signed 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 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.

RECEIVED

FEB 2 1977

OIL CONSERVATION COMM.  
HOBBS, N. M.

## NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-103  
(Rev 3-55)

## MISCELLANEOUS REPORTS ON WELLS

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company <b>Skelly Oil Company</b>			Address <b>Box 38 - Hobbs, New Mexico</b>			
Lease <b>Emice Gasoline Plant SWD</b>	Well No. <b>1</b>	Unit Letter <b>L</b>	Section <b>27</b>	Township <b>22-S</b>	Range <b>37-E</b>	
Date Work Performed <b>Nov. 8 thru 9, 1961</b>	Pool <b>Langlie Mattix</b>			County <b>Lea</b>		

THIS IS A REPORT OF: (Check appropriate block)

- ☐ Beginning Drilling Operations ☒ Casing Test and Cement Job ☒ Other (Explain):  
☐ Plugging ☐ Remedial Work **Completing**

Detailed account of work done, nature and quantity of materials used, and results obtained.

Drilled 4140'. Set 123 joints (4000') of new 7" OD 20# 8-R SS J-55 RT&C casing at 4010' and cemented with 1750 sacks by Halliburton Pump & Plug Process. Cement circulated to surface. Plug down at 8:30 A.M. November 8, 1961. W. O. C. 36 hours. Pressured up to 1500# for 30 minutes and casing tested OK. Drilled out cement plug and pressured up to 1500# for 30 minutes and casing shut off tested OK.

Reached total depth of 4550' on November 12, 1961. Treated open hole section 4010-4550' with 3000 gals. 15% Reg. Acid by Halliburton Company. Well completed as a Salt Water Disposal Well.

*SWD-27*

Witnessed by <b>R. L. Calhoun</b>	Position <b>Dist. Foreman</b>	Company <b>Skelly Oil Company</b>
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

## ORIGINAL WELL DATA

D F Elev.	T D	P B T D	Producing Interval	Completion Date
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth	
Perforated Interval(s)				
Open Hole Interval		Producing Formation(s)		

## RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by <i>[Signature]</i>	Name <i>[Signature]</i>		
Title <i>[Signature]</i>	Position <b>Dist. Supt.</b>		
Date	Company <b>Skelly Oil Company</b>		