

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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:
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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
FEDERAL SAND 18	1	SAND DUNES BONE SPRINGS	State, Federal or Fee	NM-0559539
Location				
Unit Letter	1980	Feet From The	NORTH	Line and
				660
				Feet From The
				EAST
Line of Section	18	Township	23-S	Range
				32-E
				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)
PERMAN CORPORATION	P.O. 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)
VENTED	
If well produces oil or liquids, give location of tanks.	Unit
	H
	18
	23-S
	32-E
	No
	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 Resv. Diff. Hole
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
Elevations (DF, REB, R ² , CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Turning 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

OIL CONSERVATION COMMISSION

APPROVED **FEB 8 1977**

BY **John Rangan**

TITLE **Geologist**

This form is to be filed in compliance with RULE 1103.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a calculation of the deviation