

REQUIREMENT FOR ALLOWABLE OIL AND GAS

Standard Oil Company
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Recompletion

Change In Ownership

Change In Transporter of:

Oil

Casinghead Gas

Dry 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

DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, including Formation

Kind of Lease

Lease No.

E.N. GRIZZELL

2

DRINKARD

State, Federal or Foreign

Location

Unit Letter

Feet From The

Line and

Feet From The

G

1880

NORTH

2090

EAST

Line of Section

Township

Range

NMPL

Lea

County

6

22-5

37-E

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

PERMIAN CORPORATION

NONE

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 3119 Midland, Texas 79702

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

G

6

22-5

37E

NO

COMPLETION DATA

Designate Type of Completion -- (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Resv.

Diff. Resv.

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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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 (inches-in)

Casing Pressure (inches-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

Leiland Franz

District Production Manager

February 1, 1977

OIL CONSERVATION COMMISSION

FEB 8 1977

APPROVED

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 locations of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transportation; other each change of condition.

RECEIVED

FEB 2 1977

OIL CONSERVA. EN COMM.
HOBBS, N. M.