

# APPLICANT TO TRANSPORT OIL AND NATURAL GAS

Form O-101  
Supersedes OIL C-101 and  
Effective 1-1-65

|                                                                    |                                                                            |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| TRANSPORTER                                                        | OIL<br>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 <input type="checkbox"/>                                  | Change in Transporter of:                                                  |
| Recompletion <input type="checkbox"/>                              | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>              |
| Change in Ownership <input checked="" type="checkbox"/>            | Carthhead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| 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.     |
| Eugene Coats    | 4        | Langlie - Matlix               | State, Federal (C) (C) |               |
| Location        |          |                                |                        |               |
| Unit Letter     |          | Feet From The                  | Line and               | Feet From The |
| P               | 660      | South                          | Line and               | 660 East      |
| Line of Section | 3        | Township                       | 24S                    | Range         |
|                 |          |                                | 36E                    | N.M.P.M.      |
|                 |          |                                |                        | Lea County    |

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                       |                                                                          |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>      | Address (Give address to which approved copy of this form is to be sent) |
| Shell Pipeline Co.                                                                                                    | Box 2648 Houston, Tx 77001                                               |
| Name of Authorized Transporter of Gashead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Co.                                                                                               | Box 1492 El Paso, Tx 79999                                               |
| If well produces oil or liquids, give location of tanks.                                                              | Unit Sec. Twp. Rge.                                                      |
| P 3 24S 36E                                                                                                           | Is gas equally connected? When                                           |
|                                                                                                                       | Yes 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 | Same Hole | Other |
| Date Spudded                                | Date Compl. Ready to Prod.  | Total Depth     | P.E.T.D.     |          |        |           |           |       |
| Elevations (D.F., R.L.B., R.T., G.R., 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/MCF      | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

## I. 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 1, 1977

(Date)

## OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 1977

BY \_\_\_\_\_

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 116A.

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 110.

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 transportation, or other such change of condition.