

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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:	Other (Please explain)
Recompletion ☐	Oil ☐	Skelly Oil Company merged with Getty
Change in Ownership ☒	Casinghead Gas ☐	Oil Company effective 1-31-77
	Dry Gas ☐	
	Condensate ☐	
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	5	Langlie-Mattix	State, Federal or ☒ Fee	
Location				
Unit Letter		Feet From The	Line and	Feet From The
I	1980	South	660	East
Line of Section	Township	Range	NMPM,	Lea County
3	24S	36E		

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)		
Shell Pipeline Co.		Box 2648 Houston, Tx 77001		
Name of Authorized Transporter of Casinghead Gas ☒	or Dry Gas ☐	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 actually 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 Res'y.	Diff. Res.	
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 Flow 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.		Gal-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

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19____	
(SIGNED) LELAND FRANZ		BY _____	
(Signature) Leland Franz		Date _____	
District Production Manager		TITLE _____	
(Title)		This form is to be filed in compliance with RULE 1104.	
February 1, 1977		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.	
(Date)		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.	