

FILE

ORDER

ATOR

ATION OFFICE

OIL

GAS

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and

Effective 1-1-65

ty Oil Company

Box 1351, Midland, Texas 79702

Person(s) for filing (Check proper box)

New Well

Completion

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

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

Eugene Coats

Well No.

6

Pool Name, including Formation

Jalmat

Kind of Lease

State, Federal or Fee

Lease No.

Location

Unit Letter

K

Feet From The

1980

South

Line and

1980

Feet From The

West

Line of Section

3

Township

24S

Range

36E

NMPM,

Lea

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐

Shell Pipeline Co.

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

Box 2648 Houston, Tx. 77001

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐

El Paso Natural Gas Co.

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

Box 1492 El Paso, Tx. 79999

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

Unit

P

Sec.

3

Twp.

24S

Rge.

36E

Is gas actually connected?

Yes

When

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'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

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

Leland Franz

District Production Manager

February 1, 1977

OIL CONSERVATION COMMISSION

APPROVED

FILED

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BY

TITLE

Signature

Signature

This form is to be filed in ~~County~~ 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.