

Form 1104
Supersedes Old C-104 and
Effective 1-1-65

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NEW FIELD
FIELD
G.S.
DISTRICT OFFICE

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
Skelly Penrose "B" Unit

Well No.
44

Pool Name, including Formation
Langlie-Mattix

Kind of Lease
State, Federal or ☒ Con

Lease No.

Location
Unit Letter C ; 660 Feet From The North Line and 1980 Feet From The West
Line of Section 8 Township 23-S Range 37-E , NFM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Shell Pipe Line Corporation
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 2648, Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Getty Oil Company
Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1135, Eunice, New Mexico 88231

If well produces oil or liquids, give location of tanks.
Unit F Sec. 5 Twp. 23S Rge. 37E

Is gas actually connected? When
Yes Unknown

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA

Designate Type of Completion - (X)

Oil Well Gas Well New Well Workover Deepen Plug Back Same Res't. Diff. Res't.

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

VI. 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-Ebbls. Water-Ebbls. Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D Length of Test Ebbls. Condensate/MMCF Gravity of Condensate

Testing Method (pitot, 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
February 1, 1977
(Date)

OIL CONSERVATION COMMISSION
FEB 14 1977
APPROVED _____, 19____
BY _____
TITLE _____
Orig. Signed by
Jerry Sexton
Dist 1, Supv.
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 this 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.