

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION 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

DESCRIPTION OF WELL AND LEASE
Lease Name EL STEELER Well No. 8 Pool Name, including Formation LANGLIE-MATTIX Kind of Lease State, Federal or (X) Fee Lease No.
Location
Unit Letter G ; 1980 Feet From The NORTH Line and 1980 Feet From The EAST
Line of Section 17 Township 23S Range 37E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
TEXAS-NEW MEXICO PIPELINE COMPANY Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1510, MIDLAND, TEXAS 79702
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 J Sec. 17 Twp. 23S Rge. 37E Is gas actually connected? YES When UNKNOWN

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

COMPLETION DATA
Designate Type of Completion - (X)
Oil Well ☐ Gas Well ☐ New Well ☐ Workover ☐ Deepen ☐ Plug Back ☐ Same Reservoir ☐ Diff. Reservoir ☐
Date Spudded Date Compl. Ready to Prod. Total Depth P.R.T.D.
Elevations (DE, 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 (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)
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 (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-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
(Signature) Leland Franz
District Production Manager
(Title)
February 1, 1977
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
BY John R. Ryan
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 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.

RECEIVED

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