

REQUEST FOR ALLOWABLE
AND
AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

Replaces Old C-104 and
Effective 1-1-65

TRANSPORTER	OIL	
	GAS	
OPERATOR		
OPERATION 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
J. C. Johnson	3	Langlie-Mattix	State, Federal or Fee
Location			
Unit Letter	1980	Feet From The	Line and
H		North	660
Line of Section		20	Township
235		Range	37E
		NMPM,	Lea
			County

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)			
TEXAS-NEW MEXICO PIPELINE				Box 1510 Midland Texas 79702			
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐				Address (Give address to which approved copy of this form is to be sent)			
Getty Oil Co.				Box 1135 Eunice, N. Mex 88231			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	
	B	20	23	37E	yes	NA	

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'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			

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/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (lbwt-in)	Casing Pressure (lbwt-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 _____, 1977	
(Signature) Leland Franz		BY John Hunyan	
(Title) District Production Manager		TITLE _____	
February 1, 1977		This form is to be filed in compliance with RULE 1104.	
(Date)		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

FEB 2 1977
OIL CONSERVATION COMM.
HOBBS, N. M.