

TABLE

REQUIREMENT ALLOWABLE AND

Supp. Order OIL-101 and 11 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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)

Other (Please explain)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

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

I. DESCRIPTION OF WELL AND LEASE

Lease Name

Well No.

Pool Name, including Formation

Kind of Lease

Lease No.

Myers Langlie-Mattix Unit

24

Langlie-Mattix

State, (Federal) or Fee

LE05742

Location

Unit Letter

I

2310

Feet From The

SOUTH

Line and

990

Feet From The

EAST

Line of Section

29

Township

23S

Range

37E

NMPM

Lea

County

II. 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 CORPORATION

P.O. Box 2648, HOUSTON, TEXAS 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 Company

P. O. Box 1492, El Paso, Texas 79999

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

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

0

29

23S

37E

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

Some Restr.

Diff. Res.

Date Spudded

Date Compl. Ready to Prod.

Total Depth

F.B.T.D.

Elevations (D.F., 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

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/MCF

Gravity of Condensate

Testing Method (pilot, back pr.)

Testing Pressure (shut-in)

Casing Pressure (shut-in)

Choke Size

II. 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

(Date) February 1, 1977

OIL CONSERVATION COMMISSION

APPROVED FEB 1 1977, 19__

BY Jerry Sexton

Original Signed by Dist. I, Supv.

TITLE _____

This form is to be filed in compliance with Rule 1194.

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.