

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER  
OIL  
GAS  
OPERATOR  
PRORATION 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  
Myers Langlie-Mattix Unit  
Well No.  
97  
Pool Name, including Formation  
Langlie-Mattix  
Kind of Lease  
State, (Federal) or Fee  
Lease No.  
400325454  
Location  
Unit Letter  
K  
1980 Feet From The  
SOUTH Line and  
1980 Feet From The  
WEST  
Line of Section  
31 Township  
23S Range  
37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☐  
None - Input  
Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐  
None  
Address (Give address to which approved copy of this form is to be sent)  
If well produces oil or liquids, give location of tanks.  
Unit  
Sec.  
Twp.  
Rge.  
Is gas actually connected?  
When

IV. COMPLETION DATA  
Designate Type of Completion - (X)  
Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'tv. Diff. Res.  
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 (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  
(Signature) Leland Franz  
District Production Manager  
(Title)  
February 1, 1977  
(Date)  
OIL CONSERVATION COMMISSION  
APPROVED FEB 16 1977  
BY Jerry Selena  
Dist. 1, Supv.  
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 portions 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.