

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)

New Well ☐Recompletion ☐Change in Ownership ☒

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry 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

Location

Well No.

78

Pool Name, including Formation

Langlie-Mattix

Kind of Lease

(State) Federal or Fee

Lease No.

B-1327

Unit Letter H ; 1980 Feet From The NORTH Line and 660 Feet From The EASTLine of Section 32 Township 23S Range 37E , NMPM, Lea County

III. 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 ☐

El Paso Natural Gas Company

Address (Give address to which approved copy of this form is to be sent)

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

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

Unit

B

Sec.

32

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:

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Rest.	Diff. Rest.
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/NMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (inlet-in)	Casing Pressure (inlet-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

OIL CONSERVATION COMMISSION

FEB 16 1977

APPROVED

SIGNED BY

BY

Sexton

TITLE

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 the well in accordance with RULE 111.

All sections of this form must be filled out completely for allow-