

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes Old O-104 and O-105
Effective 1-1-65

NAME OF OPERATOR			
TAX ID			
FEDERAL			
G.S.			
MAILING OFFICE			
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)		Other (Please explain)	
New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☒	Casinghead Gas	☐
		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
West Dollarhide Drinkard	85	Dollarhide Tubb-Drinkard	State, Federal or Fee
Location	Unit		Lease No.
Unit Letter	E	1650 Feet From The NORTH Line and 660 Feet From The WEST	13-1732
Line of Section	4	Township 25 S Range 38 E	NMPM, Lea County

I. 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)	
Name of Authorized Transporter of Casinghead Gas		☒	or Dry Gas
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.
	D	32	24 S 38 E
Is gas actually connected?		Yes	When
			NA
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 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

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 (If low, 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

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.		FEB 10 1977	
(SIGNED) LELAND FRANZ		APPROVED	
(Signature) Leland Franz		BY	
District Production Manager		Orig. Signed by	
February 1, 1977		Jerry Sexton	
(Date)		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 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.	