

REQUEST FOR ALLOWABLE
ANDForm O-164
Supersedes OIL C-101 and
Effective 1-1-65

AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	
Operator Getty Oil Company Address P. O. Box 1351, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change In Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Change In Ownership <input checked="" type="checkbox"/>	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 <u>Ellen Sims "A"</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Langlie - MATTIX</u>	Kind of Lease State, Federal or <u>Fed</u>	Lease No.
Location Unit Letter <u>A</u> ; <u>990</u> Feet From The <u>NORTH</u> Line and <u>330</u> Feet From The <u>EAST</u> Line of Section <u>3</u> Township <u>23S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston, Texas 77001</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Getty Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1135, Edwice, New Mexico 88231</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>3</u>	Twp. <u>23S</u>	Rge. <u>37E</u>
	Is gas actually connected?		When	
	<u>Yes</u>		<u>2-3-74</u>	

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 (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

February 1, 1977

(Date)

OIL CONSERVATION COMMISSION

FEB 8 1977

APPROVED _____, 19____

BY _____

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 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 & NATURAL GAS COMM.
HOBBBS, N. M.