

UNIVERSITY OF OKLAHOMA CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

DATE	
FILE NO.	
OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

I. 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
HUGHES FEDERAL
Well No.
3
Pool Name, including Formation
LANGLIE-MATTIX
Kind of Lease
State, Federal or Fee
Lease No.
2244
Location
Unit Letter
N
Feet From The
660
Scotch Line and
2080
Feet From The
WEST
Line of Section
17
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 as last, DRP, Res.
Date Spudded
Date Compl. Ready to Prod.
Total Depth
P.E.T.D.
Elevations (DB, RKB, RT, GR, etc.)
Name of Producing Formation
Top Oil/Gas Pay
Tubing Depth
Perforations
Depth Casing Shoe
HOLE SIZE
ILLEGIBLE
C CEMENTING RECORD
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 (pitot, back p.)
Tubing Pressure (Shut-in)
Casing Pressure (Shut-in)
Choke Size

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
District Production Manager
February 1, 1977
(Date)

OIL CONSERVATION COMMISSION
APPROVED
BY
Orig. Signed by
John Runyan
TITLE
This form is to be filed in compliance with RULE 110a.
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 logs taken on the well in accordance with RULE 101.
All sections of this form must be filled out completely for allow-
able on new and recompletion 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 CONSERVATION COMM.
HOBBS, N. M.