

AUTHORIZED TO PRODUCE OIL AND NATURAL GAS

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: West Deltahide Queen Sand Unit Well No.: 45 Pool Name, including Formation: Deltahide Queen Kind of Lease: State, Federal or Fee B-9521
 Location
 Unit Letter: H; 1340 Feet From The North Line and 297 Feet From The East
 Line of Section: 6 Township: 25S Range: 38E, NMFM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil ☐ or Condensate ☐
 None - Water Supply Well Address (Give address to which approved copy of this form is to be sent)
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐
 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.: Ege.: Is gas actually connected? When:

IV. COMPLETION DATA
 Designate Type of Completion -- (X)
 Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv. Diff. Restv.
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, RKB, RT, CR, 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/MCF	Gravity of Condensate
Testing Method (pitot, 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
 District Production Manager
 February 1, 1977
 (Date)
OIL CONSERVATION COMMISSION
 APPROVED 10 1977
 BY Jerry Sexton
 Dist. L. 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 with 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 1977

OIL CONSUMPTION
HOBBS, N. M.