| 1.   | G.S. DOLFICE  HANSPORTER GAS  OPERATOR PRORATION OFFICE  Question   |   | CESSENVATION COMM<br>TECT MULOWABLE<br>AND<br>RANSPORT OIL AND N   | Supersedes Of Effective 1-1-   | C-104 on 1 ( )   |
|------|---|---|--|--|------------------|
|      | Getty Oil Company   |   |  |  | i                |
|      | Address   | 1 m 70700   |  |  |                  |
|      | P. O. Box 1351, Midland Reason(s) for filing (Check proper box)   | ,   | Other (Please  |  |                  |
|      | New Well  | Change in Transporter of: Oil Dry Casinghead Gas Cons | Gas Skelly Comp  | oil Company merged with any effective 1-31-77  | Getty            |
|      | If change of ownership give name and address of previous owner  | Skelly Oil Company, F                                 | . O. Box 1351, Mi  | dland, Texas 79702   |                  |
| II.  | DESCRIPTION OF WELL AND I   | Well No. Pool Name, Including                         | Formation 6  | Kind of Leuse  | 1                |
|      | State L   |   | - / / / / / / / /  | State, Federal or Fee  | B-1328           |
|      | Unit Letter E: 1655   | . 4 Feet From The North                               | Ine and 990  | Feel From The West   |                  |
|      |   | 4   | 206  | 7-4-1  |                  |
|      | <u> </u>  |   |  | Le   | a County         |
| III. | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Cil  | or Condensate   | Andress (Cive address to   | which approved copy of this form is t  | o be sent)       |
|      | Texas - New Mexic<br>Name of Authorized Transporter of Cas.   | o Pipe Line Company                                   | SY, O. Box 1510  | Midland Texas 70 which approved com is i   | 2000             |
|      | El Poso Natural   | Gas Company   | P.O. Box 149   | 2, El Poso Texas   | 1 1              |
|      | If well produces oil or liquids, give location of tanks,  | Unit Sec. Twf. Rige.                                  | is gas actually connected  | June 6, 1963   | 770              |
|      | If this production is commingled with   |   |  |  | <del> </del>     |
| 14.  | COMPLETION DATA  Designate Type of Completion   | n - (X)   | (:lew Well Workover  | Deepen Plug Sack   Same Res  | Diff. Restv.     |
|      | 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   |   |  |  |                  |
|      | HOLE SIZE   | TUBING, CASING, A CASING & TUBING SIZE                | DEPTH SE   |  |                  |
|      | HOLE SIZE   | CASING & FOSING SIZE                                  | DEPTH 3E   | T SACKS CEN  | IEN.             |
|      |   |   |  |  |                  |
| •    | MILLION DAMA AND DECARES ES   | AT A A T A DULL BY C                                  |  |  |                  |
| γ.   | TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Outs First New Oil Run To Tanks  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.) |   |  |  | tesed top allow- |
|      | Date First New Oil Run To Tanks   | Date of lest  | Producting Method (I tow,  | pump, gas .ift, etc.)  |                  |
| ٠    | Length of Test  | Tubing Pressure                                       | Casing Pressure  | Choke Size   |                  |
|      | Actual Prod. During Test  | Oil-Bbis.   | Water - Bbls.  | Gas - MCF  |                  |
|      | <u></u>   |   |  |  |                  |
|      | GAS WELL Actual Prod. Test-MCF/D  | Length of Test  | Bbls. Condensuate/MMCF   | Gravity of Condensate  |                  |
|      | Testing Method (pitot, back pr.)  | Tubing Pressuro (Shut-in)                             | Casing Pressure (Ehut-   | In) Choke Sire   |                  |
|      |   |   |  |  |                  |
| VI.  | CERTIFICATE OF COMPLIANC  | )E  | OILE   | EBERVA WIN COMMISSION  | 1                |
|      | I hereby certify that the rules and re<br>Commission have been complied w   | egulations of the Oil Conservation                    | APPROVED   | Orig. Signed by  | 19               |
|      | above in true and complete to the   |   | UY   | Geologia   |                  |
|      |   |   | TITLE  |  | 1.40             |
|      | (SIGNED) LEL  | AND FRANZ   | If this is a reque   | This form is to be filed in compliance with RULE  If this is a request for allowable for a newly drille                                  |                  |
|      | - (atgrau   | uction Managev  | well, this form must be accompanied by a tobulation of tests taken on the well in accordance with RULZ 111 |  |                  |
|      | February 1, 1   | la)   | eble on new and rec  | All sections of this form must be filled out completed an new and recompleted wells.  Fill out only Sections I. II. III, and VI for chan |                  |
|      | (Dat  |   | Well name or number, or transporter, or other such Change  |  | e of condition.  |

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