

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

Form O-164
Supersedes Old O-164 and 1
Effective 1-1-65

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	Well Name	Pool Name, Including Formation	Kind of Lease	Lease No.
West Dollarhide Drinkard	1	Dollarhide Tubb-Drinkard	State, Federal, or Fee	NM 034995
Location				
Unit Letter	13	990 Feet From The	NORTH	Line and 2310 Feet From The EAST
Line of Section	19	Township	24 S	Range 33 E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
None - Input		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
None		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When	

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	Some Heavy	Full Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKS, 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 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 - Bbls./D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing Pressure (Gauge-in)	Casing Pressure (Gauge-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.

(Signature) Leland Frank

District Production Manager

February 1, 1977

(Date)

OIL CONSERVATION COMMISSION

FEB 10 1977

APPROVED _____, 10

BY _____

TITLE _____

This form is to be filed in compliance with Rule 1-104.

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 facts taken on the well in accordance with Rule 1-111.

All portions of this form must be filled out completely for allowable on new and recompleting wells.

Fill out only Sections I, II, III, and VI for change of owner, well name or location, or transportation or other such change of condition.