

FORM NO. 1
1-1-65
OIL 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

TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		
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 Dollarhide Queen Sand Unit	Well No. 23	Well Name, Including Location Dollarhide Queen	Kind of Lease State <u>Federal</u> or Fee <u>LC-069052</u>	Lease No.
Location				
Unit Letter <u>C</u>	<u>330</u>	Feet From The <u>North</u> Line and <u>2310</u>	Feet From The <u>West</u>	
Line of Section <u>31</u>	Township <u>24-S</u>	Range <u>38-E</u>	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)			
Texas-New Mexico Pipeline Company	P. O. Box 1510, Midland, Texas 79702			
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 <u>L</u>	Sec. <u>32</u>	Twp. <u>24S</u>	Rge. <u>38E</u>
	Is gas actually connected? <u>No</u> 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	Same Resv.	Diff. Resv.
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			Testing 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 Ran To Tanks	Date of Test	Producing Method (Pilot, 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	Lbs. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-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 Engineer

(Title)

February 1, 1977

(Date)

OIL CONSERVATION COMMISSION

FEB 10 1977

APPROVED _____, 19__

BY _____

Orig. Signed 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 recalculation of the deviation angle from the well in accordance with RULE 1111.

All portions of this form must be filled out completely for allowable on new wells to be computed valid.

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.