

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
Supersedes O-104-101
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	☒	Consingherd 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 No. / Pool Name, including Formation	Kind of Lease	Lease No.
Mexico "J"	4 Dellarhide Fusselman	State Federal or Fee	B-9317
Location	Unit Letter	Feet From The	Feet From The
	N 660	South Line and	West
		1930	
Line of Section	Township	Range	Lea County
32	24S	38E	

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 Co	Box 1510 Midland, Texas 79701
Name of Authorized Transporter of Consingherd Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co	Box 1492 El Paso, Texas 79901
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	G 5 25S 38E Yes 12-16-76

If this production is commingled with that from any other lease or pool, give commingling order number: PLC-11

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Hosts	Diff. Host
Date Spudded	Date Compl. Ready to Prod.	Total Depth	FEET/D.					
Elevations (DT, RLB, 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 - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Pilot 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 shown above is true and complete to the best of my knowledge and belief.

SEYMOUR ISLAND FRANZ
(Signature) Island Franz
District Production Manager
(Title)
February 3, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1194.

If this is a request for allowance for a newly drilled or deepened well, the information must be accompanied by a calculation of the deviation from the true vertical line, as required by RULE 119.

All portions of this form must be filled out completely for allowance for a new or deepened well.

Fill out only items I, II, III, and IV for change of owner, well name, or other information. Attach each change or condition.