

DATE

FILE

G.S.

FIELD OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104

Supersedes Old C-104 and C-

Effective 1-1-65

Operator

Getty Oil Company

Address

P. O. Box 1351, Midland, Texas 79702

Reason(s) for filing (Check proper box)

Other (Please explain)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

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.

West Dollarhide Drinkard

63

Dollarhide Tubb-Drinkard

State, Federal or Fee

13-9311

Location

Unit Letter

Feet From The

Line and

Feet From The

Unit Letter

2130

Feet From The

SOUTH

Line and

510

Feet From The

WEST

Line of Section

Township

Range

NMPM,

Lea

County

32

24 S

38 E

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

None of Authorized Transporter of Oil

or Condensate

Address (Give address to which approved copy of this form is to be sent)

None - Input

None 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

Same Restv.

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

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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)

Oil Well

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/MMCF

Gravity of Condensate

Testing Method (pilot, 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

(Signature) Leland Franz

District Production Manager

(Title)

February 1, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED

19

Orig. Signed by

Jerry Sexton

Dist 1, 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 tests 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.