

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		
Operator		
Getty Oil Company		
Address		
P. O. Box 1351, Midland, Texas 79702		
Person(s) for filing (check proper box)		
New Well	☐	Change in Transporter of:
In completion	☐	Oil ☐
Change in Ownership	☒	Casinghead Gas ☐
		Dry 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"	17	Dallarhide Fusselman	State, Federal or Free	B-9311
Location				
Unit Letter	N	660 Feet From The	South	2130 Feet From The
			West	
Line of Section	32	Township	24S	Range
			38E	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 Co.	P.O. Box 1510 Midland Tex 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)	
El Paso Natural Gas Co.	P.O. Box 1482 El Paso, Tx 79910	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	G	5
		25S 38E
		Yes
		7

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reater	Diff. Reater
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DF, ARL, 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 96 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 (piston, back pr.)	Tubing Pressure (lb/in ² in)	Casing Pressure (lb/in ² 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 FEB 8 1977

BY

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 calculation of the deviation rate taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on non-completed wells.

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