	RI QU		CODERVATION COMISSION TEORIALLOWABLE AND	Drin () - J ((4) Supersedue Old C-104 and (+) Etimetive 1-1-65	
1	ID OFFICE TRANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator		RAMSPORT OIL AND NATURAL	GAS	
	Getty 011 Company Address				
	P. O. Box 1351, Midland, Texas 79702 Reason(s) for filing (Check proper box)				
New Well Change in Transporter of: Recompletion Oil Di Change in Ownership V			Other (Flease explain) Gas 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, T	exas 79702	
H. DESCRIPTION OF WELL AND LEASE					
	Location		Tubb-Drinkard State, Føder	Lease No.	
		10 Feet From The NORTH L	Ine and Feet From	The WEST	
	Line of Section 32 To	ownship 24-5 Range	38Е , ММРМ,	Lea County	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy					
	NoneNone	None Non			
	If well produces oil or liquids, Unit Sec. Twp. P.ge. 1s gas actually connected? When give location of tanks.				
IV.	If this production is commingled wi COMPLETION DATA	this production is commingled with that from any other lease or pool, give commingling order number:			
	Designate Type of Completion	on - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Re	
	Date Spulded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, KT, GR, etc.)	Name of Producing Fermation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	TEST DATA AND REQUEST FO	DR ALLOWABLE (Test must be a		+	
. [DIL WELL able for this de Date First New Oil Hun To Tanks Date of Test.		(ter recovery of total volume of load oil and must be equal to or exceed top allow- pth or be for full 24 hours) Producing Mothod (Flow, pump, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF	
Į	-	·		COB * MOT	
г	GAS WELL Actual Prod. Test-MCF/D Length of Test				
		Longth of Test	Bble. Condensate/MMCF	Gravity of Condensate	
	Tenting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Prensule (Shut-In)	Choke Size	
41, 0	CERTIFICATE OF COMPLIANC	E			
C	hereby certify that the rules and re commission have been complied wi bove is true and complete to the	the and that the information given	APPROVED, 19		
	covo in the and complete to the	boot of my knowledge and notiel,	Orig. Signed by UY TOTLE Dist 1, Supys		
		(¹¹¹), (111), (181)	This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation toots taken on the well is accordence with RULE 111.		
••••	(Signat District Product	for Manager			
(Tüle) February 1, 1977 (Date)			All socilons of this form must be filled out completely for allow- the on new and recompleted wolls. Fill out only Sections I, H. III, and VI for changes of owner, well using of number, or transporter, or other such changes of condition.		