

FORM 1 FOR ALLOWABLE AND

Form 1-194
 Supersedes Old 6-101 and
 Effective 1-1-65

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		
Reason(s) for filing (Check proper box)		
New Well ☐	Change in Transporter of:	Other (Please explain)
Recompletion ☐	Oil ☐	Skelly Oil Company merged with Getty
Change in Ownership ☒	Casinghead Gas ☐	Oil Company effective 1-31-77
	Dry Gas ☐	
	Condensate ☐	
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 JAL "A"	1	WEST JAL-DELAWARE	State, ☒ Royalty Fee NM	03429
Location				
Unit Letter	1980	Feet From The South	Line and	1980
		Feet From The	West	
Line of Section	21	Township	25S	Range
				36E
, 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)
The PERMAN CORPORATION (Exp. 9/1/87)	P.O. Box 3119 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 - LEASE USE	
If well produces oil or liquids, give location of tanks.	Unit
	K
	21
	25S
	36E
Is gas actually connected?	When
No	

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 Reel	Diff. Reel
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, CR, 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 10 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/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

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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 tabulation of the deviation tests taken on the well in accordance with RULE 1101.

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 change of owner, well name or number, or transporter, or other such change of condition.

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