

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-101
Superseding Old C-101 and C-11
Effective 1-1-65

6-NMOC-D-HOBBS
1-MR. FRNKA-TULSA
1-MR. R. J. STARRAK-MIDLAND
1-JDM, ENGR.
1-CK, FOREMAN
1-BH, FIELD CLK
1-FILE

Getty Oil Company
Address
P. O. Box 730, Hobbs, NM 88240

Reason(s) for filing (Check proper box)		Other (Please explain)
New Well ☐	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☒	
Recompletion ☐		
Change in Ownership ☐		

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Skelly M State	Well No. 4	Pool Name, Including Formation Jalmat Yates	Kind of Lease State, XXXXXXXXXX	Lease No. B-1327
Location Unit Letter <u>L</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>24-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Permian Corp.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas 79999	
If well produces oil or liquids, give location of tanks.	Unit Seal Twp. Rge.	Is gas actually connected? When Yes 10-20-78

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Spore Rest'n.	Full Re-
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RAP, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Testing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

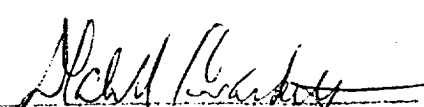
Date First New Oil Ran To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual First Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (lb/in ²)	Casing Pressure (lb/in ²)	Choke Size

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.

Dale R. Crockett: 
(Signature)

Area Superintendent
(Title)

7/17/80
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 22 1980, 19
BY John Rinvan
TITLE Geologist

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 24-hour tests taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely for allowable to be reviewed and recommended.
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.