

REQUEST FOR ALLOWABLE AND

Form O-103
Supersedes Old O-101 and O-102
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:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead 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 West Dollarhide Queen Sand Unit	Well No. 69	Pool Name, including Formation Dollarhide Queen	Kind of Lease (State, Federal or Fee)	Lease No. B-7311
Location Unit Letter <u>M</u> : <u>300</u> Feet From The <u>West</u> Line and <u>650</u> Feet From The <u>South</u> Line of Section <u>32</u> Township <u>24S</u> Range <u>38E</u> , NMFM, 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)
None - Water Supply Well	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
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 Resv.	Diff. Rv
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (Dr, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CATHING, 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 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 (flow, back pr.)	Tubing Pressure (lb/in ² -14)	Casing Pressure (lb/in ² -14)	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) IELAND FRANZ

(Signature) Ieland Franz

District Production Manager

(Title)

February 1, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 10 1977

BY

TITLE

Orig. Signed by
Jerry Sexton
Mr. L. S. Surr

This form is to be filed in compliance with RULE 1101.

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 110.

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.

RECEIVED

FEB 1977

OIL CONSERVATION COMM.
MORRIS, N. M.