	57 1 A + F 11 L' G.S.	REQUEST FOR ALLOWABLE AND							Poin C+104 Supersedex Old C+104 and C Effective 1+1+65		
1	IP OFFICE IRANSPORTER OIL GAS OPERATOR PROBATION OFFICE Operator				(ANDPORT	F OIL AND N	ATURAL	GAS			
	Getty 011 Company										
	Address P. O. Box 1351, Midland, Texas 79702										
	Reason(s) for filing (Check proper bi	Reason(s) for filing (Check proper box) Now Woll Change in Transporter of: Recompletion Oll Dry (				Other (Please	explain)				
	Recompletion Change in Ownership X				Gas Skelly Oil Compa Oil Company effe			ny merge ctive 1-:	1 with 31-77	Getty	
	If change of ownership give name and address of previous owner										
П.	II. DESCRIPTION OF WELL AND LEASE										
		yers Langlie-Mattix Unit 154 Langlie						Lease		Lease No.	
	Location									B-9974	
	Unit Letter <u>E</u> ; 19			The	no and	062	Feet From '	The WE	ST		
	Line of Section 2 To	wnship 3	94,5 Ran	ige	37E	, NMPM,		Lea		County	
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL G Name of Authorized Transporter of CIL or Condensate None - Input Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)						
	None I well produces oil or liquids, Unit Sec. Twp. Ege.			ae.							
	give location of tanks.										
IV.	this production is commingled with that from any other lease or pool, give commingling order number:										
	Designate Type of Completi	on - (X)	Oil Well Gas	Well	New Well	Workover	Deepen	Flug Back	Same Res!	v. Diff. Res	
	Date Spudded Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oll/Cas Pay			Tubing Depth			
ł	Perforations	Perforations							Depth Casing Shoe		
	TUBING, CASING, AND C										
ļ	HOLESIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
				·							
ŀ					[						
<b>v</b> . <u>;</u>	TEST DATA AND REQUEST FO	DR ALLON	ABLE (Test mus	t be af	l ter recovery	of total volume	of load oil a	ad must be ear	hal to or an	ered top allow	
	Date First New Oil Run To Tanks Date of Test				pth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)						
ŀ	Length of Toes	Tubing Proceure			Casing Pressure			Choke Size			
	Actual Prod, During Test	Oil-Bbla.			Water - Bbls.			Gan-MCF			
(	AS WELL										
	Actual Prod. Test-MCF/D	Length of T	sot		Bbla, Conda	ansgis/MMCF	·	Gravity of Co	ndensaio		
-	Festing Method (pitot, back pr.)	Tubing Pres	oure (Shut-in )		Casing Pres	Bure (Shut-in	,	Choke Size			
_ا ۲. C	ERTIFICATE OF COMPLIANC		9							j	
						F	EB 1 7	10N COMA 1977	IISSION		
C	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 bellef.								Orig. Signed by		
						DY Jerry So TITLE Dist 1, S					
	(SIGNED) LELAND FRIEND										
	`				IC this	form is to be s is a request	for allowat	do ter a now	ly drifted	or deepened	
	(Signature) Leland Franz District Production Manager				well, this form must be accompanied by a tabulation of the deviation trata takon on the well in accordance with RULZ 111.						
(Title) February 1, 1977 (Date)					All sections of this form must be filled cut completely for allow- the on new and recompleted wolls. Fill out only Sections I, B, III, and VI for changes of owner, well near or number, or transporter, or other such change of condition.						