NEW MEXICO DIE COSTO PANTION COMMISSION REQUEST FOR ALLOWABLE Supersedes Old C-101 and to 1 Effective 1-1-65 ALD 6.5. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 'D OFFICE OIL. TRANSPORT ER GAS OPERATOR PRORATION OFFICE Operator Getty 011 Company Addres 0. Box 1351, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Skelly Oil Company merged with Getty Recompletion OIL Dry Gas Oil Company effective 1-31-77 Change In Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ Skelly Oil Company, P. O. Box 1351, Midland, Texas II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease Name Kind of Lease Lease No. 119 Myers Langlie-Mattix Unit (State) Faderal or Fee <u>B-9694</u> Langlie-Mattix 330 Feet From The NORTH Line and 2310 Unit Letter Feet From The EAST Line of Section Township 245 37E Range , NMPM, Lea County Address (Give address to which approved capy of this form is to be sent) PERMIAN OIL CORPORATION Name of Authorized Transporter of Casinghead Gas 😠 P.O. BOX 1183 HOUSTON, TEXAS 7700 Address (Give address to which approved copy of this form is to be sent) or Dry Gas El Paso Natural Gas Company P. O. Box 1492, is gas actually connected? El Paso, Texas 79999 Pge. Twp. If well produces oil or liquids, Unit Sec. 245 370 give location of tanks. 2 Yes UNKNOWN If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Gas Well Oil Well New Well Plug Back Sume Resty, Diff. Rest Designate Type of Completion - (X) 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/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUDING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL Date First New Oil Hun To Tanks Date of Test Producing Method (Flow, pump, ges lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oll - Bbls. Water - Bbls. GAS WELL Actual Prod. Test-MCF/D Longth of Tost Bbls. Condensate/MMCF Gravity of Condensate Testing Mothod (pitot, back pr.) Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Choke Size VI. CERTIFICATE OF COMPLIANCE OILEBREEN THOM COMMISSION APPROVED I hereby certify that the rules and regulations of the Oil Conservation Committee have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Orig. Signed by Jerry Sexton Dist 1, Supv. TITLE This form is to be filed in compliance with RULE 1104. (SIGNED) LELAND FRANZ 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 nut. 111. (Signature) Leland Franz

District Production Manager

(Tide)
February 1, 1977

(Date)

All coctions of this form must be filled out completely for sllowable on now and recompleted walls.

Fill out only Sections I. E. Ht. and VI for changes of owner, well name or number, or transporter, or other such change of condition