

**REQUEST FOR ALLOWABLE
AND**

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes OMC-104 and
Effective 1-1-65

MAILING ADDRESS	
NAME	
G.S.	
ADDRESS	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITTING 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 Myers Langlie-Mattix Unit	Well No. 159	Pool Name, including Formation Langlie-Mattix	Kind of Lease State, <u>Federal</u> or Fee	Lease No. NM 27722
Location Unit Letter I , 1980 Feet From The South Line and 660 Feet From The EAST Line of Section 3 Township 24S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐ None - Input	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ None	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. When

ILLEGIBLE

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug 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 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 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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

I. 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

(Date)

February 1, 1977

(Date)

OIL CONSERVATION COMMISSION

APPROVED Feb 3 1977, 19

BY Cris S. [Signature]

TITLE Secretary

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 111.

All portions 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.