NEW MEDICO OIL COURT EVATION COSMISSION 17.71 REGUEST FOR ALLOWABLE Supersedes Old C-101 and Co fi L Effective 1-1-65 CHA G.S. AUTHORIZATION TO TRANSFORT OIL AND NATURAL GAS DOFFICE OIL TRANSPORTER OPERATOR PRORATION OFFICE Operator Getty Oll Company P. O. Box 1351, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Skelly 011 Company merged with Getty Recompletion Oil Dry Gas Oil Company effective 1-31-77 Change in Ownership X Casinghead Gas Condensate 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 Well No. Pool Name, including Formation Kind of Lease Lease No. Myers Langlie-Mattix Unit 235 Langlie-Mattix State, Federal or Fee FEE Location 1980 Feet From The 5041 th Line and 760 Unit Letter Feet From The EAST 245 Range 37E Line of Section Township NMPM County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil _____ or Condensate _____ Address (Give address to which approved copy of this form is to be sent) 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) None Unit Sec. Rge. Twp. is gas actually connected? When If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well Workover Gas Well New Well Same Res'v. Diff. Res Deepen Flug Back Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. 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 & TUBING SIZE DEPTH SET 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 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 Oll-Bbla. Water - Bble. Gas - MCF GAS WELL Actual Prod. Test-MCF/D Longth of Tost Bble, Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size I. CERTIFICATE OF COMPLIANCE OF EBIG STION COMMISSION APPROVED. . 19 ---I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief. Orig. Signed by BY. Jerry Sexton TITLE . Dlat 1, Supv. (SIGNLD) LILAND FRANZ This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despaned well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with nULE 111. (Signature) Leland Franz District Production Manager All nactings of this form must be filled out completely for allowable on more and recompleted walls. (Title) Fill out only Sections I, H, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. February 1, 1977

(Dole)

