SF TATE SF TATE UTE G.S. UDOFFICE TRANSPORTER GAS	RLQUE	E COUSERVATION COMMISSION ST FOR ALLOWABLE AND TRANSPORT OIL AND NATURA	Potin C+104 Superscieve OUI C+104 and C+1 Ettoctive 1+1-65 L GAS
DPERATON PROBATION OFFICE Operator			
Getty 011 Company Address			
P. O. Box 1351, Mid1 Reason(s) for filing (Check proper	and, Texas 79702	· · · · · · · · · · · · · · · · · · ·	
New Well Recompletion Change in Ownership X	Change in Transporter of: Oil Dry	Gas Didensate Other (Please explain) Skelly Oil Comp Oil Company eff	any merged with Getty ective 1-31-77
If change of ownership give nam and address of previous owner	C	P. O. Box 1351, Midland	, Texas 79702
LESCRIPTION OF WELL AN	D LEASE Well No.   Pool Name, including	-	
Myers Langlie-Mattix Location	Unit 229 Langlie	e-Mattix State, (Fede	erallor Fee NM 033 4506 (b)
Unit Letter ;	980 Feet From The SD41 H	Line and <u>1930</u> Feet From	m The WEST
Line of Section 9	Township 245 Range	37E, NMPM,	Lea County
None - Input		JAS Address (Give address to which app	roved copy of this form is to be sent)
Name of Authorized Transporter of ( None	Casinghead Gas 📄 or Dry Gas 🦳	Address (Give address to which app	roved copy of this form is to be sent)
If well produces oil or liquids, give location of tarks.	Unit Sec. Twp. Ege.	Is gas actually connected? When	
If this production is commingled COMPLETION DATA	with that from any other lease or pool	l, give commingling order number:	
Designate Type of Comple	tion - (X)	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 Oll/Gas Pay	Tuhing Depth
Perforations		· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe
HOLESIZE		D CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST I	TOR ALLOWABLE (Test must be		
OIL WELL Date First New Oil Hun To Tanks		epth or be for full 24 hours) Producing Method (Flow, pump, gas li	and must be equal to or exceed top allow-
Longth of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Yest	Oil-Bbla.	Water - Bbls,	Gas - MCF
OAC HIDLE			
GAS WELL Actual Prod. Test-MCF/D	Longth of Teat	Bble, Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Chut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIAN	L CE		
hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED 19	
bove is true and complete to the	best of my knowledge and belief.	BY	in a state of the second s
(SIGNED) LELAND FRANZ		TITLE	
(SIGNED) LELAND FRANZ (Signature) Leland Franz District Production Manager (Tide)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despended well, this form must be accomposited by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All soctions of this form must be filled out completely for allow-	
February 1, 1977 (Date)		This on new and recompleted walls. Fill out only Sections I. D. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.	

