REWAIDEGO OIL CONFLIDATION COPHISSION Form C+104 Superscales Old C-104 and C REQUEST FOR ALLOWANTE AND Effective 1-1-65 G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS O OFFICE TRANSPORTER GAS OPERATOR PROBATION OFFICE Operator Getty 0il Company Addioss P. O. Box 1351, Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Skelly Oil Company merged with Getty Recompletion Oil Dry Gas 011 Company effective 1-31-77 Change in Ownership X Casinahead Cas 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 We . No. Pool Name, Including Formation Kind of Lease Myers Langlie-Mattix Unit Lease No. 228 Langlie-Mattix State, Federal or Fee Location 1980 Feet From The South Line and 1980 WEST Feet From The Line of Section Township 245 Range 375 Lea NMPM County H. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 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 Sec. If well produces oil or liquids, give location of tanks. Trwp. P.ge. Is gas actually connected? When If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Oil Well New Well Workover Deepen Designate Type of Completion - (X) Plug Back Same Restv. 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 Tubing Depth Perforations Depth Casing Shoe TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 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.) Longth of Tout Tubing Pressure Cosing Pressure Choke Size Actual Prod. During Test Oll-Bbls. Water - Bbls. Gas - MCF GAS WELL Actual Prod. Test-MCF/D Length of Test Bble. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Cosing Pressure (Shut-in) Choke Sire CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION 1977 I hereby certify that the rules and regulations of the Oil Connervation APPROVED Commission have been compiled with and that the information given above in true and complete to the best of my knowledge and belief. Jerry Sexton BY.L Dist I, Supv. TITLE (SIGNED) LELAND HULL This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly diffied or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. (Stenature) Leland Franz District Production Manager

(Tilla)

February 1, 1977

All sections of this form must be illed out completely for allow-

able on new and recompleted wells.

Pill out only Sections I, II, III, and VI for changes of owner, well tongs or munber, or transporter or other such change of condition.