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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65

I.

Operator
Reserve Oil and Gas Company

Address
First Savings Building, Midland, Texas 79701

Reason(s) for filing (Check proper box) (If other, please explain)
 New Well Change in Transporter or Oil **To designate new well number for**
 Recompletion Oil Gas **Langlie Mattix zone. Was formerly**
 Change in Ownership Casinghead Gas Casinghead Oil **designated Cooper Jal Unit No. 305 in**
Jalmat (Yates Gas) Pool.

If change of ownership, give new address of previous owner **Note: This is a dual injection well.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper Jal Unit	Lease No. and State of Lease Commission 146 Langlie Mattix-Seven Rivers	Kind of Lease State, Federal or Free Free	Lease No.
Location			
Unit Letter I	Section 1650	Range S	Feet From The 290
Line of Section 13	Township 24-S	Range 36-E	County Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Consignate Address (Give address to which approved copy of this form is to be sent)
None - this is a water injection well

Name of Authorized Transporter of Casinghead Gas or Oil Address (Give address to which approved copy of this form is to be sent)
None - this is a water injection well

If well produces oil or liquids, give location of tanks.

If this production is commingled with that from any other lease, give neighboring lease number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Deepen	Ream Back	Same Res. Perf.	Diff. Res. Perf.
Date Spudded	Date Comm. Ready to Prod.	Tubing Depth	Perfor. Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Reservoir Formation	Top of Res. Perm.	Perfor. Depth	
Perforations			Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPT. OF SET	SACKS CEMENT	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of 10% 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	SPHS, Temperature, MCF/D	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.


 District Manager

OCT 25 1971

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
 BY **Joe D. Ramey**
 TITLE **Dist. I. Supv.**

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 sections 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.
 Separate forms C-104 must be filed for each pool in multiply