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SANTA FE	1				
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U.S.G.S.				١	
LAND OFFICE					
	OIL			١	
THANSPORTER	GAS	1		1	
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Operator				_	
Getty Reserve Oi					
Address				_	
312 H	BF	Bui	ldir	1	
Reason(s) for filing (Check	proper	box	-	
New Well					

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(Duie)

January 31, 1980

	SANTA FE FILE		FOR ALLOWABL	Form C-104 Supersedes Old C-104 and C-1 Ellective 1-1-85			
	U.S.G.S. LAND OFFICE	AUTHORIZATION TO TR	AND AMSPORT OIL AND NATURAL G				
	THANSPORTER GAS						
	OPERATOR OAS						
I.	PROPATION OFFICE Operator						
	Getty Reserve	Oil, Inc.					
	312 HBF Building, Midland, Texas 79701						
	Reason(s) for filing (Check proper bo		Other (Please explain)				
	New Well Recompletion	Change in Transporter of: Cil Dry G	igs				
	Change in Ownership X		Change effective	e 1-23-80			
-	If change of ownership give name and address of previous owner	Reserve Oil, Inc.,	312 HBF Building, Midla	and, Texas 79701			
II.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F					
	Cooper Jal Uni		, , , , , , , , , , , , , , , , , , ,	or Fee Fee			
	Location D 444	0 37 41					
	Unit Letter B; 660	O Feet From The North Lin	ne and 1650 Feet From T	he East			
	Line of Section 25 To	waship 24-S Range	36-E , NMPM,	Lea County			
H.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS				
	Name of Authorized Transporter of O. Shell Pipe Line	- .	Address (Give address to which approve Box 2648, Houston,				
,	Name of Authorized Transporter of Ca	isinghead Gas 🔀 or Dry Gas 🗔	Address (Give address to which approve	ed copy of this form is to be sent)			
	El Paso Natura	I Gas Company Unit Sec. Twp. Pige.	Box 1492, El Paso, Is gas actually connected? Wher				
	If well produces oil or liquids, give location of tanks.	J 24 24-S 36-E		1951			
IY.	If this production is commingled win COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	R-663			
	Designate Type of Completic	on - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Date Spudded	Date Compl. Ready to Pred.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!!/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
		Depth Clashing Shoe					
	HOLE SIZE	TUBING, CASING, AND	D CEMENTING RECORD DEPTH SET	EACYE CENEUT			
	ne a dina	CASING & FUSING SIZE	DEFINACI	SACKS CEMENT			
V.	TEST DATA AND REQUEST FOOL WELL		fter recovery of total volume of load oil an opth or be for full 24 hours)	id must be equal to or exceed top allow-			
İ	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	eic.)			
	Length of Teat	Tubing Pressure	Casing Pressure	Choka Size			
	Actual Pred, During Test	Oil-Bhis.	Water-Bbls.	Gas-MCF			
	AS WELL						
	Actual Prod. Test-MCF/D	Longth of Toot	Bbls. Condensate AMCF	Gravity of Condensate			
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chek+ Size			
. L							
1. (CERTIFICATE OF COMPLIANC	JE.	OIL CONSERVAT	TON COMMISSION			
	hereby certify that the rules and r			19			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			BY Nag Signed by may Serter.				
			TITLE				
	$\mathcal{O}_{\mathcal{O}}}}}}}}}}$	0.0	This form is to be filed in compliance with RULE 1104. If this is a requestefor allowable for a newly drilled or despendatell, this form must be accompanied by a tabulation of the deviation tests taken on the well-in-accordance with RULE 111.				
•••	(Signal Assistant District						
	Assistant Distri	Ci Manager	The same of the same and the same of the				

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.

Superate Forms C-104 must be fited for each pool in multiply nompleted wells.