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DISTRIBUTION	<i>y</i>		Form C-104
SANTA FE		ONSERVATION COMMISSION	Supersedes Old C-104 and C-110
FILE	REQUEST	FOR ALLOWABLE	Effective 1-1-65
		AND	
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL GAS	
LAND OFFICE		•	
TRANSPORTER GAS		,	
OPERATOR			
PRORATION OFFICE Operator		<u> </u>	
Reading & Bat	es Oil and Gas Company	· · · · · · · · · · · · · · · · · · ·	
810 N. Dixie  Reason(s) for filing (Check proper box)	Blyd., Room 202, Odessa,	Texas 79761 Other (Please explain)	
	Change in Transporter of:	Change of Operator	Name effective
New Well	Oil Dry Gar	Tonuer 1 1073 fr	om Reading & Dates, It
Recompletion			
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including Fo	rmation   Kind of Lease	Lease No.
Lease Name	Well No. Pool Name, including Fo	State, Federal or	_
Federal Location	1-Y Jalmat	Sidiley / Odoles di	Federal LC029864b
_	O Feet From The North Line	e and Feet From The	West
Line of Section 5 Tov	mship 23S Range	36E , NMPM, Lea	County
Name of Authorized Transporter of Oil  None Name of Authorized Transporter of Cas  El Paso Natural Gas	or Condensate	Address (Give address to which approved P. O. Box 1492, El Paso,	copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When Yes	November, 1953
	th that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen P	lug Back   Same Res'v. Diff. Res'v.
Designate Type of Completic			
Date Spudded	Date Compl. Ready to Prod.	Total Depth P	.B.T.D.
Date Spunded			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	'ubing Depth
Perforations		D	Pepth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil and	must be equal to or exceed top allow-
OIL WELL	able for this de	pth or be for full 24 hours)	
	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil and opth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, o	
OIL WELL	able for this de	Producing Method (Flow, pump, gas lift, a	
OII. WELL Date First New Oil Run To Tanks	able for this de	Producing Method (Flow, pump, gas lift, of Casing Pressure	stc.) .
OII. WELL  Date First New Oil Run To Tanks  Length of Test	able for this de	Producing Method (Flow, pump, gas lift, of Casing Pressure	choke Size
OII. WELL  Date First New Oil Run To Tanks  Length of Test	able for this de	Producing Method (Flow, pump, gas lift, of Casing Pressure  Water-Bbls.	choke Size

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

(Date)

Production Superintendent

inuary 3, 1973

Tubing Pressure (Shut-in)

OIL CONSERVATION COMMISSION

Choke Size

Casing Pressure (Shut-in)

APPROVED. BY. Dist. 1, Supv.

TITLE . This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despect of well, this form must be accompanied by a tabulation of the devi that taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple