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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) **Formerly**
New Well ☐ Change in Transporter of **Reserve Oil and Gas Company**
Recompletion ☐ Or ☐ Dry Gas ☐ **Hunter No. 1**
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner **Reserve Oil and Gas Company, First Savings Bldg., Midland, Texas**
This change to be effective **OCT 1 1970**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper Jal Unit	Well Name, Including Formation 303 Jalmat Yates (Gas)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter K 2970 Feet From The N Line and 2970 Feet From The E 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 <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (To be filled in which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (To be filled in which approved copy of this form is to be sent)	
El Paso Natural Gas Company	Box 1492, El Paso, Texas	
If well produces oil or liquids, give location of tanks.	Is an authority requested? Yes	When 5-1-52

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion -- (X)	St. Well	Revised	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spudded	Date Comp'l. Ready to Prod.	Total Depth	F.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Drilling Formation	Test No.	Testing Depth			
Perforations	Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD						
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for less depth or be for full 24 hours.

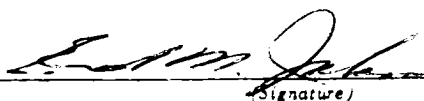
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

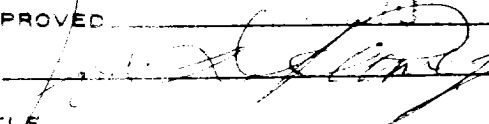
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate - MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
(Title)
SEP 11 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE _____

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