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| | 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)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☒ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐
If change of ownership give name and address of previous owner _____
Order No. MC-2055 granted permission to dually complete CJU Well No. 306. This is to report the results of the completion of the Langlie Mattix zone of this well, to obtain an allowable for the Langlie Mattix zone, and to designate a well number for the L. M. zone.

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|------------------------|---|---|-----------|
| Lease Name Cooper Jal Unit | Well No. 149 | Pool Name, including Formation Langlie Mattix | Kind of Lease State, Federal or Fee Fee | Lease No. |
| Location Unit Letter J ; 1980 Feet From The South Line and 1980 Feet From The East Line of Section 18 Township 24-S Range 37-E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|---|---|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Corporation | Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas 77001 | |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978 | |
| If well produces oil or liquids, give location of tanks. | Unit J Sec. 24 Twp. 24 Rge. 36 | Is gas actually connected? Yes When Unknown |

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) | Oil Well <input checked="" type="checkbox"/> | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | X | | | X | | | | X |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth 3601 | | P.B.T.D. 3601 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3309 DF | Name of Producing Formation Seven Rivers Queen | | Top Oil/Gas Pay 3501 | | Tubing Depth 3500 | | | |
| Perforations None - open hole completion 3452-3601' | | | | | Depth Casing Shoe 3452 | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 11" | 8 5/8" | | 1050 | | 400 | | | |
| 7 7/8" | 5 1/2" | | 3452 | | 250 | | | |
| - | 2 3/8" | | 3500 | | - | | | |

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 this depth or be for full 24 hours)


| | | | |
|---|--------------------------------|--|-------------------------|
| Date First New Oil Run To Tanks 7-16-74 | Date of Test 7-16-74 | Producing Method (Flow, pump, gas lift, etc.) Pump | |
| Length of Test 24 hrs. | Tubing Pressure 40 | Casing Pressure 40 | Choke Size 2" |
| Actual Prod. During Test | Oil - Bbls. 33 | Water - Bbls. 4 | Gas - MCF 8.6 |

GAS WELL

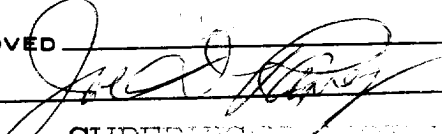
| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (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
July 22, 1974
(Signature)
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19____
BY 
TITLE **SUPERINTENDENT**

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 completed wells.