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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-105  
Effective 1-1-65

I.

Operator

Getty Reserve Oil, Inc.

Address

312 HBF Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☒

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

Change effective 1-23-80

If change of ownership give name  
and address of previous owner

Reserve Oil, Inc., 312 HBF Building, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Cooper Jal Unit</b>	Well No. <b>117</b>	Pool Name, including Formation <b>Langlie Mattix</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	NM Lease No. <b>032161</b>
Location				
Unit Letter <b>N</b>	<b>660</b>	Feet From The <b>South</b>	Line and <b>1980</b>	Feet From The <b>West</b>
Line of Section <b>18</b>	Township <b>24-S</b>	Range <b>37-E</b>	, NMPM, <b>Lea</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Shell Pipe Line Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 2648, Houston, Texas 77001</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1492, El Paso, Texas 79978</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>24</b>	Twp. <b>24-S</b>	Rge. <b>36-E</b>	Is gas actually connected? <b>Yes</b>	When <b>1954</b>

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

R-663

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing 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 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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, 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.

*Deanne P. Chandler*  
(Signature)

Assistant District Manager

January 31, 1980

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

**FEB 15 1980**

Orig. Signed by

BY

**Jerry Sexton**

TITLE

**Dist 1, Supv.**

This form is to be filed in compliance with NULZ 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with NULZ 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multi-completed wells.