NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE	REQUEST FOR		Form C-104 Supersedes Old C-104 and C-110 Effective 1+1-05
FILE U.S.G.S. LAND OFFICE	AN		
IRANSPORTER OIL GAS OPERATOR			
PRORATION OFFICE			
Reserve Oil, Inc.			
312 HBF Building,	Midland, Texas 79701	Other (Please explain)	
Reason(s) for filing (Check proper box)	Change in Transporter of:		
Recompletion	Oil Dry Gas Casinghead Gas Condensate		
Change in Ownership X		any 312 HBF Bldg.	Midland, TX 79701
If change of ownership give name R and address of previous owner	eserve Oil and Gas Com	pany, 512 HDF Didgi,	
T DESCRIPTION OF WELL AND LI	his change to be effective		NM ^{ase} Nc.
Lease Name	Well No. Pool Name, Including Forma 235 Jalmat		Fee Federal 0321613
Cooper Jal Unit		(())	West
Unit Letter <u>M</u> ; 660		nd Feet From The	T -
Line of Section 18 Town	ship 24-S Range	37-E , NMEM,	Lea County
WATER INJECTION DESIGNATION OF TRANSPORT	or Condensate	idiess (Give address to which approved	
Name of Authorized Transporter of Casi		ddress (Give address to which approved s gas actually connected? When	l copy of this form is to be sent)
If well produces oil or liquids,			
If this production is commingled with V. COMPLETION DATA	o that from any other lease or pool, give of the second se	ew Well Workover Deepen	Plug Back Same Resty, Diff. Restv.
Designate Type of Completion	Oll well day lot		P.B.T.D.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
Elevations (DF, KKB, KT, OK, etc.)			Depth Casing Shce
Perforations			
	TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
V. TEST DATA AND REQUEST F			ind must be equal to or exceed top allow-
OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)
Date First New Cr. Hen C.		Casing Pressure	Choke Size
Length of Test	Tubing Pressure		Gas-MCF
Actual Prod. During Test	Oil-Bbls.	Water • Bbls.	
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D		(a) where (a)	Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
	ACE.	OIL CONSERVA	TION COMMISSION
VI. CERTIFICATE OF COMPLIAN			
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.		Toppe Sexton	
		Dist 1, Supv.	
		and the second sec	compliance with RULE 1104.
Em John		If this is a request for allo	wable for a newly online the deviatio
(Signature)		If this is a request for allowable for a newly driller of decision 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 allow	
District Manag	er Title)	able on new and recompleted	the changes of owne
JAN - 6 1977 (Date)		able on new and recompleted willer 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 well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multipl	