	ND. OF CUPIT'S RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	REQUEST FO	ASERVATION COMM TON OR ALLOWABLE AND SPORT OIL AND NATURAL GA	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-85	
1.	PRORATION OFFICE			}	
Operator Getty Reserve Oil, Inc. Address 312 HBF Building, Midland, Texas 79701					
	312 HBF B Reason(s) for filing (Check proper box)	unding, Midianu, Texas	Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Cil Dry Gas	Change effective	1-23-80	
	Change in Ownership A	Casinghead Gas Condense			
	If change of ownership give name and address of previous owner	Reserve Oil, Inc., 312	HBF Building, Midland	, Texas 79701	
11.	DESCRIPTION OF WELL AND I	Vell No. Pool Name, Including For	mation Kind of Lease	Lease No.	
	Cooper Jal Uni	it   301   Jalmat (Yates)	Gas State, Federal o	cr Fee FCC	
	Location D 66	Feet From The North Line	and 660 Feet From Th	West	
	Unit Letter;;	Feet From The Line			
	Line of Section 18 Tow	nship 24-S Range	37-Е , ммрм,	Lea County	
	TRUCK ATION OF TRANSPORT	TER OF OIL AND NATURAL GAS	·		
111.	DESIGNATION OF TRANSPORT	or Condensate	Address (Give address to which approve	ed copy of this form is to be sent)	
			Address (Give address to which approve	ed copy of this form is to be sent)	
	Name of Authorized Transporter of Cas El Paso Natural	Gas Company	Box 1492, El Paso,		
		Unit Sec. Twp. Pge.	Is gas actually connected? When		
	give location of tanks.		Yes	1754	
	If this production is commingled wit	h that from any other lease or pool, g	vive commingling order number:		
IV.	COMPLETION DATA	Un went just went	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	Date Compi. Ready to Frod			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
			· · · · · · · · · · · · · · · · · · ·	Depth Casing Shoe	
	Perforations				
		TUBING, CASING, AND	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE			
			· · · · · · · · · · · · · · · · · · ·		
	THE AND PROVEST F	OR ALLOWABLE (Test must be af	ter recovery of total volume of load oil a	and must be equal to or exceed top allow-	
oll, WELL able for this depth or be for full 24 hours)					
	Date First New Oil Run To Tanks	Date of Test			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Cil-Bbis.	Water-Bbls.	Gas - MCF	
	Actual Pred. During Test	011-021-01			
	GAS WELL Actual Prod. Tust-MCF/D	Length of Tost	Bbls, Condensate/MMCF	Gravity of Condensate	
	Actual Pros. 1081-MCF/D			Choke Size	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore Size	
			OIL CONSERVA	TION COMMISSION	
V	I. CERTIFICATE OF COMPLIANCE		FEB 1 5 1980		
	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.		BYOrig. Signed by Ierry Sexton		
				TITLE Dist 1, Supv	
	Assistant District Manager (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 is accordance with RULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner.		
	January 31, 19	80 Date)	Fill out only Sectiona I, II, III, and the such change of condition well name or number, or transporter, or other such change of condition Separate Forma C-104 must be filed for each pool in multiply completed wella.		
	(4-	/			