1.	Reason(s) for I-ling (Check proper box) New Well Recompletion	REQUEST FO	DR ALLOWABLE AND SPORT OIL AND NATURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65	
	Change in Ownership X	hange of ownership give name Reserve Oil and Gas Company, 312 HBF Bldg., Midland, TX 79701			
11.	DESCRIPTION OF WELL AND L	This change to be effective JAN -1 1977 CRIPTION OF WELL AND LEASE Well No.; Pool Name, Including Formation Well No.; Pool Name, Including Formation			
	Cooper Jal Unit	301 Jalmat (Yates)		r Fee Fee	
	Location D 660 Feet From The North Line and 660 Feet From The West			West	
	Unit Letter;;			_	
	Line of Section 18 Town	iship 24-S Pange 37	7-Е , ММРМ,	Lea County	
111.	DESIGNATION OF TRANSPORT	or Condensule			
	Nome of Authorized Transporter of Cast	nghead Gas cr Dry Gas 🔀	Address (Give address to which approve		
	El Paso Natural (Gas Company	Box 1492, El Paso, T Is gas actually connected? When		
	If well produces oil or liquids, give location of tanks.		Yes	1954	
IV	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Resty,				
	Designate Type of Completion			P.B.T.D.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.1.0.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
			I	nd must be equal to or exceed top allou-	
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)				. etc.)	
	Date First New Oil Run To Tanks	Date of Test	Preducing Method (r tow, prmp; and wy		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis.	Gas-MCF	
	Actual Lines arrived a series				
	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	
				TION COMMISSION	
V	I. CERTIFICATE OF COMPLIAN	CE			
	I hereby certify that the rules and	regulations of the Oil Conservation	APPROVED Orig. Signed by		
	Commission have been complied a above is true and complete to the	with and that the information given e best of my knowledge and belief.			
			TITLE Dist & Grand		
	Fim	1	This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or deepened if this is a request for sllowable for a newly drilled or deepened		
	District Manager (Title) JAN - 6 1977		well, this form must be accompanied by with RULE 111. tests taken on the well in 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, will some or number, or transporter, or other such change of condition.		
		Pate)	Separate Forms C-104 must be filed for each pool in multiply		