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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-
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	Well No.	Pool Name, including Formation	Kind of Lease	NM Case No.
Cooper Jal Unit	129	Langlie Mattix	State, Federal or Fee Federal	0321613
Location				
Unit Letter	F	1650 Feet From The	North	Line and
				1587 Feet From The
				West
Line of Section	19	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 checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Shell Pipe Line Company	Box 2648, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	Box 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	J	24
		Twp.
		24-S
		Pge.
		36-E
Is gas actually connected?	When	
Yes	1954	

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 Restv.	Diff. Res.
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)

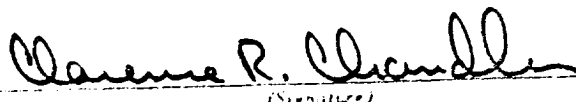
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.



Assistant District Manager

January 31, 1980

OIL CONSERVATION COMMISSION

FEB 15 1980

APPROVED _____, 19

BY _____

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 deviate tests taken on the well in accordance with RULE 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 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.