۱	NO. OF COPIES RECEIVED							
	DISTRIBUTION	₫ NE	EW MEXICO OIL CO	DISERVATION COMMIS	N	Form C-104		
	SANTA FE		REQUEST I	FOR ALLOWABLE			C-104 and C-11	
	FILE			AND		Effective 1-1-65	5	
	U.S.G.S.	AUTHORIZ	ATION TO TRA		TURAL GAS			
U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS								
	TRANSPORTER GAS							
	OPERATOR							
	PROPATION OFFICE	-						
I.	Operator	<u> </u>						
	Reserve Oil and Gas Company							
	301 First Savings Building, Midland, Texas 79701							
	Reason(s) for filing (Check proper box)  Other (Please explain)							
	New Well	Change in Tra	insporter of:					
	Recompletion	Oil	Dry Gas	` <u>L</u>				
	Change in Ownership	Casinghead G	as Conden	sate				
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND I	LEASE						
•••	Lease Name	Well No. Poc	ol Name, Including Fo	ormation K	ind of Lease	<b>.</b>	NM No.	
	Cooper Jal Unit	129 La	anglie Mattix	Seven Rivers st	ate, Federal or Fee	Federal	0321613	
	Location							
	F 165	i0 Fact From TI	N Line	and1587	Feet From The	W		
					_			
	Line of Section 19	mship 24-S	Range 3	<b>7-E</b> , NMPM,	Lea		County	
	Dane of decision	<del></del>						
111	DESIGNATION OF TRANSPORT	ER OF OIL AN	D NATURAL GA	s				
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)						o be sent)	
	Shell Pipe Line Corporation			Box 2648, Houston, Texas				
	Name of Authorized Transporter of Casinghead Gas 🗷 💮 or Dry Gas 🗀			Address (Give address to which approved copy of this form is to be sent)				
	El Paso Natural Gas C	ompany		Box 1492, El P	aso, Texas			
		Unit Sec.	Twp. P.ge.	Is gas actually connected?				
	If well produces oil or liquids, give location of tanks.	J 24	24-S 36-E	Yes	19	54		
	<u></u>	h that from any of	ther lease or nool	give commingling order n	umber: R-6	663		
11/	If this production is commingled with that from any other lease of pool, give comminging order number.							
1 V .	Oil Well Gas Well			New Well Workover Deepen Flug Back Same Res'v. Diff. Res'v.				
	Designate Type of Completio	n = (X)	l I		•	!	!	
	Date Spudded	Date Compl. Read	y to Prod.	Total Depth	F.B.7	r.D.		
	Date opaded							
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay	Tubir	ng Depth		
	Elevations (DP, ARB, RT, GR, etc.)	, Italic of Francisco						
		<del></del>			Depth	Casing Shoe		
	Perforations							
	TUBING, CASING, AND CEMENTING RECORD							
				DEPTH SET		SACKS CEN	AENT	
	HOLE SIZE	CASING &	TUBING SIZE	02/1/1021			<del></del>	
					<del></del>			
		<u> </u>						
		<u> </u>		L				
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)							
	OIL WELL		able for this de	Producing Method (Flow, 1	numn age lift etc.)			
	Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow,	pump, gas tijt, etc.)			
				ļ	T Chah	Choke Size		
	Length of Test	Tubing Pressure		Casing Pressure	Chok	CHOLE SIZE		
						Constant		
	Actual Prod. During Test	Oil-Bbls.		Water-Bbls.		Gas-MCF		
	·	<del></del>						
	GAS WELL							
	Actual Prod. Test-MCF/D Length of Test		<del></del>	Bbls. Condensate/MMCF		ity of Condensate	,	
	1							

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

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.

Tubing Pressure (Shut-in)

	_
8 /m.	(Signature)
	(Signature)
District Manager	
	(T) L

November 27, 1972

(Date)

OIL CONSERVATION COMMISSION NOV 30 1972

Choke Size

APPROVED . Orig. Signed by

Joe D. Ramey Dist. I, Supv. TITLE .

Casing Pressure (Shut-in)

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 in accordance with RULE 111.

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

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.

Separate Forms C-104 must be filed for each pool in multiply

Orig. Signes by Joe D. Ramey Diet. I, Sups. GL COMPACTOR AND AM.