## NO. OF COPIES RECEIVED DISTRIBUTION

## NEW MEXICO OIL CONSERVATION COL SION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE	WE 40 EUV 1	AND	Effective 1-1-65
v.s.g.s.	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GA	<b>NS</b>
LAND OFFICE			
TRANSPORTER OIL GAS			
OPERATOR			
PRORATION OFFICE			
Reserve Cil a	nd Cas Company		
Address First Savings	Building, Midland, Tax	as 79701	
Reason(s) for filing (Check proper box)		Other (Please explain) FOI	rmerly
New We!l	Change in Transporter of:	Continental Oil C	
Recompletion	Oil Dry Gas Casinghead Gas Condens	Tack 19 Federal 1	No. 8
Change in Ownership	Cusinghed Cas		
If change of ownership give name C and address of previous owner			Mexico 88260
T . DESCRIPTION OF WELL AND L	his change to be effective		Legse No.
Lease Name	Well No. Pool Name, Including For	Seven Rivers State, Federal	
Cooper Jal Unit			
Unit Letter C : 660	Feet From The N Line	e and 1917 Feet From T	TheW
	nship 24-S Range 37	7-E , NMPM,	Lea County
. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ved copy of this form is to be sent)
Name of Authorized Transporter of Off	of Comacine	Box 1510, Midland, Te	exas 79701
Texas New Mexico P	inghead Gas So or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)
El Paso Natural Gas	Company	Box 1492, El Paso, Texas	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 19 24-S 37-E	Is gas actually connected? When Yes	Unknown
to the anadystics is commingled with	th that from any other lease or pool,	give commingling order number:	R-663
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Rest
Designate Type of Completion			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING CASING AND	D CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING U 102 NO		
V. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load oil	l and must be equal to or exceed top allo
OIL WELL	able for this de	epth or be for full 24 hours) Producing Method (Flow, pump, gas l	
Date First New Oil Run To Tanks	Date of Test	producing Marios (1 100) party	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas - MCF
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	DDIS. CONGSUBGIO, MINICI	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. CERTIFICATE OF COMPLIAN	NCE	OIL CONSERV	VATION COMMISSION
		APPROVED	, 19
I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given be best of my knowledge and belief.		Mints
above is true and complete to the	he best of my knowledge and belief.		OF PICONO
		SUPERVIC	OR DISAMON

S/M. (Sighature)	
District Manager	
(Title)	

SEP 28 1970

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

OIL CONSERVATION COMM.