

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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-11  
Effective 1-1-65

I.

Operator Reserve Oil, Inc.	
Address 312 HBF Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Downhole commingled in Jalmat and Langlie Mattix Pools as per NMOCC Order #R-5590.

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper Jal Unit	Well No. 150	Pool Name, including Formation Jalmat & Langlie Mattix	Kind of Lease State, Federal <del>Other</del>	Lease No. LC 032715
Location Unit Letter <u>L</u> ; <u>1650</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u>				
Line of Section <u>19</u> Township <u>24S</u> Range <u>37E</u> , NMPM, <u>Lea</u> 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"/> Shell Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 24	Twp. 24S	Rge. 36E
Is gas actually connected?		When		
Yes		9-13-54		

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X			X			X	X
Date Spudded 1-8-78	Date Compl. Ready to Prod. 1-10-78		Total Depth 3824'		P.B.T.D. 3714'			
Elevations (DF, RKB, RT, GR, etc.) GL = 3284'	Name of Producing Formation Yates & Seven Rivers		Top Oil/Gas Pay 2970' (Yates)		Tubing Depth 3510'			
Perforations Yates = 3085-3190' (150 holes), Seven Rivers = 3350-3714' (Open Hole)					Depth Casing Shoe 5 1/2" - 3350'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" - 32#		314'		175 sxs. w/surface ret			
7 7/8"	5 1/2" - 15.5#		3350'		450 sxs. (By Temp, Sur			
	2 3/8"		3510'		vey, TOC = 2126') *			

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)

Date First New Oil Run To Tanks 3-10-78	Date of Test 3-13-78	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 38 psi	Casing Pressure 43 psi	Choke Size --
Actual Prod. During Test	Oil-Bbls. 74	Water-Bbls. 103	Gas-MCF 50

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 --

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.

Clemens R. Chandler  
(Signature)

District Engineer

(Title)

3/14/78

(Date)

OIL CONSERVATION COMMISSION

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 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