i	NO. OF CUMP 7 HELESVED							
	DISTHIBUTIO	THITUTION						
	SANTA FE							
	FILE							
	U.S.G.S.							
	LAND OFFICE							
1.	TRANSPORTER	OIL						
		GAS						
	OPERSTOR							
	PROPATION OFFICE							
	Operator							
	Getty Reserve Oil							
Address								
	312 HBF Building							
	Reason(s) for filing (Check proper box)							
	New Well							
	Recompletion							
	Change in Ownership X							
1								
If change of ownership give name and address of previous owner								
	and address of prev	1003						
11.	DESCRIPTION OF WELL AND LE							
,	Lease Name Cooper Jal Unit							
	Location							
	Unit Letter	С	. 6	660				
	Juli Letter		•					
	Line of Section	30		Tow	73			

(Tille)

(Date)

January 31, 1980

NEW MEXICO OIL CONSCIPVATION COMPASSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-11

	FILE	KEGOEST	AND	Eliactive 1-1-85				
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURA	N CAS				
	LAND OFFICE	ADTHORIZATION TO TRA	MISI ON TOLE AND HATOKA	ac GAS				
	OIL			•				
	TRANSPORTER GAS							
	OPERATOR							
,	PAOP ATION OFFICE							
•.	Operator							
	Getty Reserve O	il, Inc.						
	Address	3.11. 1 m 707.	0.1					
		ng, Midland, Texas 7970						
	Reason(s) for liling (Check proper box)		Other (Please explain)					
	New Well	Change In Transporter of:						
	Recompletion	Casinghead Gas Conden	Change erre	ctive 1-23-80				
	Change in Ownership X	Casinghead Gas Conden	,33:e []					
	If change of ownership give name	Reserve Oil, Inc.,	312 HBF Building, M	fidland, Texas 79701				
	and address of previous owner	1,0001,001,1101,		101100 17101				
••	DECORDED ON OF WELL AND I	T ACT		•				
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of I	Lease LC Lease No.				
	Cooper Jal Unit	228 Jalmat	State, Fe	oderal or FeeFederal 032592(b)				
	Location							
	Unit Letter C: 660	Feet From The North Lin	e and 1917 Feet F	rom The West				
	Onit Letter							
	Line of Section 30 Tow	mahip 24-S Range	37-Е , ммрм,	Lea County				
	WATER INJECT	ION WELL						
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	.5					
	Name of Authorized Transporter of Oil	or Condensate	Andress (Give address to which a	approved copy of this form is to be sent)				
•	16.	as Day Can Ca	Address (Give address to which a	approved copy of this form is to be sent)				
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Addiess (Othe gagless to much a	ipproved copy of this form is to be senty				
		Unit Sec. Twp. P.ge.	Is gas actually connected?	When				
	If well produces oil or liquids,	i i i i i i i i i i i i i i i i i i i	is day detail, commental.	1				
	give location of tanks.	i	1					
	If this production is commingled with	h that from any other lease or pool,	give commingling order number:					
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Desper	n Plug Back Same Resty. Diff. Resty.				
	Designate Type of Completion	n = (X)						
	Date Spudied	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				
			<u> </u>					
	Perforations			Depth Casing Shoe				
	TUBING, CASING, AND CEMENTING RECORD							
		 	DEPTH SET	SACKS CEMENT				
	HOLE SIZE	CASING & TUBING SIZE	02-1432.	SACKS CLINE WI				
• 1	TEST DATA AND DECLIFET PO	DE ALLOWARIE (Test must be a	fer recovery of total volume of lac-	d ail and must be equal to or exceed top allow				
٧.	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 allow able for this depth or be for full 24 hours)							
	Date First New Cil Run To Tanks	Producing Method (Flow, pump, g	as lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size				
			Water - Bbls.	Ge#+MCF				
	Actual Pied, During Test	Cil-Bbis.	ndier - Bots.	000-101				
			<u> </u>					
	Actual Frod, Test-MCF/D	Length of Teet	Bbls. Condensete/MMCF	Gravity of Condensale				
	Asidd, Piod, Test-Moryb							
	Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Costny Pressure (Shut-in)	Choke Size				
1 14	CERTIFICATE OF COMPLIANC	* E	OIL CONSE	RVATION COMMISSION				
¥ Į.	CERTIFICATE OF COMPRESSION	× 4		4.5				
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	5 1980				
	Commission have been compliant W	ath and that the information given	BYOrig_Signed by					
	above is true and complete to the	best of my knowledge and belief.	lerry Sexton					
			TITLE Disc 1. Supv.					
		~ vO	This form is to be filed	This form is to be filed in compliance with RULZ 1104.				
	Clanema R. C	Mandelle	the state in a common for	attowable for a newly drilled or deepened				
	(1270	itue)	I want this form must be acco	ompanied by a tabulation of the deviation accordance with HULE 111.				
	Assistant Distri	ict Manager	tosis taken on the want in the	A War - 1 1 1 111 at out completely for allow				

well, this form must be accondance with MULE 111.

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

Fill out only Sections I, 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 completed wells.