	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR	REQUEST F	NEERVATION COMMISSIC COMALLOWABLE AND MECRE OIL AND NATURAL GA	Form C -104 Supersedes Old (1(4 and C-110 Effective 1-1-65
I .	PRORATION OFFICE Operator Reserve Oil, Inc. Address 312 HBF Building, Midland, Texas 79701 Other (Please explain) Other (Please explain)			
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Cii Dry Gas Casinghead Gas Condens Reserve Oil and Gas Co		, Midland, TX 79701
	and address of previous owner	This change to be effec		
H.	DESCRIPTION OF WELL AND L L-ase Name Winters "C"	Well No. Fool Name, Including Fo 1 Jalmat Ya		Fee Fee
	Location		and 1980 Feet From The	East
	Line of Section 7 Tow	nship 25-S _{Range}	37-Е , _{NMPM} ,	Lea County
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	Address (Give address to which approved	
	Name of Authorized Transporter of Cas Reserve Oil, In		Address (Give address to which approved 312 HBF Bldg., Midla Is gas actually connected? When	
	If well produces oil or liquids, give location of tanks.		Yes	Unknown
JV.	If this production is commingled wit COMPLETION DATA	Oil Well Gas Well		Plug Back Same Restv., Diff. Restv.
	Designate Type of Completio	1	Tetal Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tep Cil/Gas Pay	Tubing Depth
				Depth Casing Shce
	Perforations		CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			I	
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 allow- able for this depth or be for full 24 hours) Date First New Oil Run To Tanks Date of Test			
		Tubing Pressure	Casing Pressure	Choke Size
	Length of Test	011-Bbis.	Water-Bbls.	Gca - MCF
	Actual Prod. During Test	011 • 55.0,		
	GAS WELL		2	Gravity of Condensate
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	
	Testing Metrod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	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.		APPROVED	
	Lim Do		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 allow- able 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 filled for each pool in multiply	
	District Manag	er		
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