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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**I. Operator**  
**Reserve Oil and Gas Company**  
**Address: First Savings Building, Midland, Texas 79701**  
**Reason(s) for filing (Check proper box):**  
 New Well  Change in Transporter   
 Recompletion  Oil   
 Change in Ownership  Casinghead Gas   
 Formerly **Dalport Oil Corporation**  
**Winters "C" No. 1**

If change of ownership give name and address of previous owner **Dalport Oil Corporation, First National Bank Bldg., Dallas, Texas 75202**

This change to be effective **SEP 1 1970**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>Winters "C"</b>	Well No. Pool Name <b>Jalmat Yates (C-1)</b>	Kind of Lease State, Federal, or Fee <b>Fee</b>	Lease No.
Location Unit Letter <b>J</b> 1980 Feet From The <b>S</b> 1980 Feet From The <b>E</b>	Line of Section <b>7</b> Township <b>25S</b> <b>37E</b>	Lea County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Casinghead Gas <input type="checkbox"/>	Which approved copy of this form is to be sent
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/>	Which approved copy of this form is to be sent
<b>El Paso Natural Gas Company</b>	<b>Box 1490, El Paso, Texas</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Tank When <b>Yes 1953</b>

If this production is commingled with that from any other well, give well number:

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Driller	Flag Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	F.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tubing Depth		
Perforations	Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENT</b>				
HOLE SIZE	CASING & TUBING SIZE	FEET	SACKS CEMENT	

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

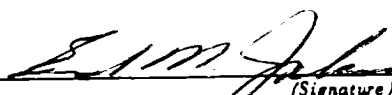
Date First New Oil Run To Tanks	Date of Test	Line of load oil and must be equal to or exceed top allowable (pump, gas lift, etc.)
Length of Test	Tubing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Gas-MCF

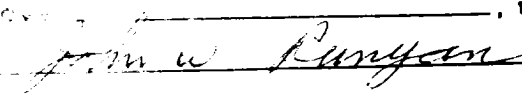
**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing 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.

  
 District Manager  
 (Title)  
 AUG 28 1970  
 (Date)

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 newly recompleted wells.  
 Sections I, II, III, and VI for changes of owner, well name, operator, or transporter, or other such change of condition.  
 Separate forms C-104 must be filed for each pool in multiply

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AUG 31 1970  
OIL CONSERVATION COMM.  
HOBBBS, N. H.