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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-110
Effective 1-1-65

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 Transportation ☐
Recompletion ☐ Oil ☐
Change in Ownership ☒ Casinghead Gas ☐
Explains: **Formerly DALPORT
Elydia C. Winters B No. 3**

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

II. DESCRIPTION OF WELL AND LEASE This change to be effective **SEP 1 1970**

Lease Name	Well No.	State of Lease	Lease No.
South Langlie Jal Unit	7	XXXXXX Langlie Mattix	
Location	Unit Letter	Feet From The	Feet From The
	N	2269	West
		660	South
Line of Section	Township	County	
7	25-S	37-E	Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate	Which approved copy of this form is to be sent)			
Shell Pipe Line Corporation	P. O. Box 2648, Houston, Texas			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Flow Gas	Which approved copy of this form is to be sent)			
El Paso Natural Gas	Box 1492, El Paso, Texas			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Line	When
	J	7	25-S 37-E	Yes 1955

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks	Date of Test	Volume 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.


(Signature)

District Manager

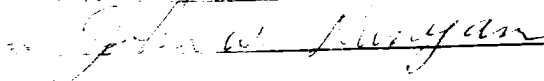
(Title)

AUG 28 1970

(Date)

CONSERVATION COMMISSION

APPROVED _____, 19 _____



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.

A copy of this form must be filled out completely for allowable recompleted wells.

Sections I, II, III, and VI for changes of owner, operator, or transporter, or other such change of condition.

A separate Form C-104 must be filed for each pool in multiply