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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-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 Transporter ☐
Recompletion ☐ Oil ☐
Change in Ownership ☒ Casinghead Gas ☐
Formerly
Dalport Elydia C. Winters "B" No. 4

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

This change to be effective SEP 1 1970

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Kind of Lease	Lease No.
South Langlie Jai Unit	2	Same, Federal or Fee	Fee
Location			
Unit Letter	K	1939	Feet From The
Line of Section	7	Township	25S
			37E
			Lea
			County

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 Dry Gas	which approved copy of this form is to be sent)
El Paso Natural Gas	Box 1494, El Paso, Texas
If well produces oil or liquids, give location of tanks.	Unit: J 7 25S 37E Yes 1955

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

IV. COMPLETION DATA

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test interval is between _____ and _____ of load oil and must be equal to or exceed top allowable pressure for that depth in the formation.

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

OIL CONSERVATION COMMISSION

APPROVED _____, 19

Geologist

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 in the well in accordance with RULE 111.
All copies of this form must be filled out completely for allowable on new and recompleted wells.
Sections I, II, III, and VI for changes of owner, operator, transporter, or other such change of condition.
Form C-104 must be filed for each pool in multiply

District Manager

(Title)

AUG 28 1970

(Date)