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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 ☐ (Specify expln.)  
Recompletion ☐ Oil ☐ **Formerly**  
Change in Ownership ☒ Casinghead Gas ☐ **Winters "C" 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 **South Langlie Jal Unit** Well No. **4** ~~XXXXX~~ **Langlie Mattix** Field of Lease **Fee** Lease No.  
Location  
Unit Letter **I** **960** Feet From The **E** **1650** Feet From The **S**  
Line of Section **7** Township **25-S** **37-E** **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate **Shell Pipe Line Corporation** (which approved copy of this form is to be sent)  
**P. O. Box 2648, Houston, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Natural Gas **El Paso Natural Gas Company** (which approved copy of this form is to be sent)  
**Box 1492, El Paso, Texas**  
If well produces oil or liquids, give location of tanks. Unit **J** Sec. **7** Twp. **25S** R. **37-E** Yes **1954**

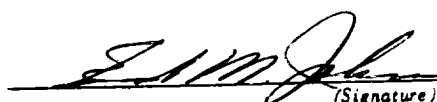
If this production is commingled with that from any other lease, give name of other lease and acreage.  
IV. COMPLETION DATA  
Designate Type of Completion - (X)  
Date Spudded Date Compl. Ready to Produce  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation  
Perforations  
TUBING, CASING, 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  
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.

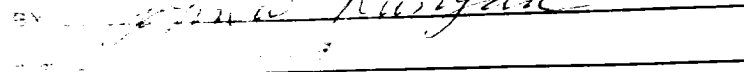
  
(Signature)

**District Manager**  
(Title)

**AUG 28 1970**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY   
TITLE \_\_\_\_\_

In a request to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this request must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All copies of this form must be filled out completely for allowable, recompleted wells.  
Fill out Sections I, II, III, and VI for changes of owner, well name, transporter, 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.  
HOUSTON, N. H.