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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 Transporter ☐
Recompletion ☐ Oil ☐
Change in Ownership ☒ Casinghead Gas ☐
Formerly
Reserve Oil and Gas Company
Woolworth No. 2

If change of ownership give name and address of previous owner Reserve Oil and Gas Company, First Savings Bldg., Midland, Texas 79701

This change to be effective SEP 1 1970

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Lease Name	Lease No.
South Langlie Jal Unit	6	Langlie Mattix	
Location	Unit Letter	Feet From The	Feet From The
K 2310	S 2310	W	
Line of Section	Township	Lea	County
8	25-S		
	37-E		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate	Box 1510, Midland, Texas 79701				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas	Box 1492, El Paso, Texas				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	When
	M	25	25S	37E	4-1-49

If this production is commingled with that from any other lease or pools, give a list of the numbers:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Deepen	Plug Back	Same Restv.	Diff. Restv.
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				
HOLE SIZE	CASING & TUBING SIZE	SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be performed in accordance with Rule 1104 of load oil and must be equal to or exceed top allowable for the depth of the well.

Date First New Oil Run To Tanks	Date of Test	(e.g., 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

BY _____

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 sections of this form must be filled out completely for allowable or recompleted wells.

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

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

District Manager

(Title)

AUG 28 1970

(Date)

RECEIVED

AUG 31 1970

OIL CONSERVATION COMM.
HOBUS, N. H.