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	GAS	
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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-11
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) **Formerly Reserve Oil and Gas Company Woolworth No. 5**
New Well ☐ Change in Transportation ☐
Recompletion ☐ Oil ☐
Change in Ownership ☒ Casinghead Gas ☐

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name South Langlie Jal Unit	Well No. 10	Pool Name Langlie Mattix	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter M ; 330 Feet From The S 500 Feet From The W Line of Section 8 Township 25-S Range 37-E Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company	Address to which approved copy of this form is to be sent Box 1510, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address to 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 M Sec. 8 Twp. 25-S R. 37-E	When Yes 4-1-49

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

IV. COMPLETION DATA

Designate Type of Completion - (X) <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v.	
Date Spudded	Date Compl. Ready to Produce P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Taking Depth
Perforations	Depth Casing Shoe
TUBING, CASING, AND CEMENTING	
HOLE SIZE	CASING & TUBING SIZE SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be after completion of load oil and must be equal to or exceed top allowable for this reservoir.

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

APPROVED _____, 19____
BY **[Signature]**
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 new and recompleted wells.

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

Separate forms C-104 must be filed for each pool in multiple

[Signature]
District Manager

AUG 28 1970

(Title)

(Date)

RECEIVED

AUG 8 1970

OIL CONSERVATION COM. COMM.
WASH. D.C.