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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) (See explain)
New Well ☐ Change in Transporter ☐ **Formerly**
Recompletion ☐ Oil ☐ **Reserve Oil and Gas Company**
Change in Ownership ☒ Casinghead Gas ☐ **Woolworth No. 1**
If change of ownership give name and address of previous owner **Reserve Oil and Gas Company, First Savings Bldg., Midland, Tex. 79701**

II. DESCRIPTION OF WELL AND LEASE
This change to be effective **SEP 1 1970**
Lease Name **South Langlie Jal Unit** Well No. **5** ~~Langlie~~ **Langlie Mattix** Kind of Lease **Fee** Lease No.
Location
Unit Letter **L** **2970** Feet From The **N** ~~4290~~ Feet From The **E**
Line of Section **8** Township **25-S** **37-E** **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate **Texas-New Mexico Pipe Line Company** **Box 1510, Midland, Texas 79701**
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas **El Paso Natural Gas** **Box 1492, El Paso, Texas**
If well produces oil or liquids, give location of tanks. Unit **M** Sec **8** **25-S 37-E** Yes **4-1-49**

IV. COMPLETION DATA
Designate Type of Completion - (X) ☒ Deepen ☐ Plug Back ☐ Same Res'v. ☐ Diff. Res'v.
Date Spudded _____ Date Compl. Ready to Prod. _____ P.B.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Taking Depth _____
Perforations _____ Depth Casing Shoe _____
TUBING, CASING, AND CEMENTING RECORD
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 _____ (Type 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.
District Manager (Signature) _____ (Title) _____ (Date) _____
APPROVED _____, 19____
BY **Frank Rangan**
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.
Fill out only Sections I, II, III, and VI for changes of owner, well name, lease, 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 8 1 1970

OIL CONSERVATION COMM.
HOBBY, R. L.