JAN -6 1977

(Date)

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPERATOR	REQUEST F	NSERVATION COMMISSI OR ALLOWABLE AND ISPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS
1.	PRORATION OFFICE			
	Reserve Oil, Inc.			
Ì	312 HBF Building, Midland, Texas 79701			
	Reason(s) for filing (Check proper box) New We!! Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership X Casinghead Gas Condensate			
	change of ownership give name Reserve Oil and Gas Company, 312 HBF Bldg., Midland, TX 79701 and address of previous owner			
II.	This change to be effective DESCRIPTION OF WELL AND LEASE Lease Name Vell No. Pool Name, Including Formation Kind of Lease Lease No.			
	Olif Letter			
	Line of Section 17 Tow	mship 25-S Range 3	7-E , NMPM,	Lea County
111.	Name of Authorized Transporter of Oil or Condensate Shell Pipe Line Company Name of Authorized Transporter of Casinghead Gas or Dry Gas		Box 2648, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent)	
	El Paso Natural Gas	Company Unit Sec. Twp. Rge.	Box 1492, El Paso, Is gas actually connected? Who	
	If well produces oil or liquids, give location of tanks.	J 7 25-S 37-E	Yes	1952
	COMPLETION DATA		give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	1	Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Total Septi	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				i and the second to a second to allows
V.	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Run To Tanks One Test (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Cendin of less		Water - Bbis.	Gas • MCF
	Actual Prod. During Test	Oil-Bbls.	Water - Date.	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI	. CERTIFICATE OF COMPLIANCE		OMARDISERVATION COMMISSION	
	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 Orig. Signed by	
			Orig. Segment wy BY Jerry Session Dist 1, Gape.	
			THE This form is to be filed in compliance with RULE 1104.	
	Im John		If the second se	
	(Signature)		well, this form must be accompanied by a tabulation of the	
	District Manager (Title)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	

able on new and recompleted wells.

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

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