I.

II.

11.

I۷.

NO. OF COPIES RECEIVED	Į.			
DISTRIBUTION	7-	/		
	•	CONSERVATION COMMISSIC	Form C+104 Supersedes Old C-104 and C-11	
SANTA FE	REQUEST	REQUEST FOR ALLOWABLE		
FILE		AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GA	.S	
LAND OFFICE		<u>;</u>		
IRANSPORTER OIL GAS	·	·		
OPERATOR	1			
PROPATION OFFICE	1			
Operator	<u></u>			
Reserve	Oil, Inc.			
Address 312 HBF	Building, Midland, Te			
Reason(s) for filing (Check proper box		Other (Please explain)		
New Weil	Change in Transporter of:		•	
Recompletion	OII Dry G	ias 🔲		
Change in Ownership X	Casinghead Gas Conde	ensate		
If change of ownership give name and address of previous owner		Company, 312 HBF Bldg	., Midland, TX 79701	
DESCRIPTION OF WELL AND	This change to be eff LEASE Well No. Pool Name, Including	OMM I 1011	Lease No.	
Lease Name				
South Langlie Jal Un	it 14 Jalmat (Oi	1) State, Federal	or Fee Fee	
Location Unit Letter D ; 99	90 Feet From The North	ine and 466 Feet From Th	west	
17	25 5	37-E , NMPM,	Lea County	
Line of Section 17 To	wnship 25-5 Range	JI-II , NMPM,	County	
DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS Address (Give address to which approve	ed copy of this form is to be sent)	
Name of Authorized Transporter of Oil		Box 2648, Houston,		
Shell Pipe Line Com	ipan y	Box 2048, nouston,	Texas (1001	
Name of Authorized Transporter of Ca	singhead Gas 🔀 💮 cr Dry Gas 🦳	Address (Give address to which approve		
El Paso Natural Gas	Company	Box 1492, El Paso,	Texas 79900	
	Unit Sec. Twp. P.ge.	Is gas actually connected? When		
If well produces oil or liquids, give location of tanks.	J 7 25-S 37-	E Yes	1949	
If this production is commingled wi	ith that from any other lease or pool	l, give commingling order number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest	
Designate Type of Completi	on $-(X)$!	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Date spudged				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
			Depth Casing Shoe	
Perforations				
	TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	·			
. TEST DATA AND REQUEST F	FOR ALLOWABLE (Test must be	after recovery of total volume of load oil a depth or be for full 24 hours)	and must be equal to or exceed top allo	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)	
Date First New Oil Run 16 1 diks	25.00			
	Tubing Pressure	Casing Pressure	Choke Size	
Length of Test				
	OIL Phile	Water-Bbls.	Gas-MCF	
Actual Prod. During Test	Oil-Bbls.			
I				
GAS WELL	Length of Test Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	Bare. Contemporal Militar	·	
		Colon Dans (chub (n)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chora dire	
	1	OU :CONSERVA	TION COMMISSION	
. CERTIFICATE OF COMPLIA	NUE	ن من شوکلنگاهشار	#1명 : 1 (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	i regulations of the Oil Conservation	APPROVED	Signed by	

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.

Im Och	
(Signature)	
District Manager	
(Title)	
JAN -6 1977	

(Date)

APPROVED_		, 19
APPROVED	Orig. Signed by	
BY	 Jerry Saguet	
	Dist 1, Sup-	
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 or number, or transporter, or other such change of condition.

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