

SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS		
OPERATOR			
PRODUCTION OFFICE			

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

Operator Getty Reserve Oil, Inc.	
Address 312 HBF Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☒	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	

If change of ownership give name and address of previous owner: Reserve Oil, Inc., 312 HBF Building, Midland, Texas 79701
This change effective 1-23-80

Lease Name South Langlie Jal Unit		Well No. 20	Pool Name, including Formation Jalmat (Oil)		Kind of Lease State, Federal or Fee	Fee	Lease No.	
Location								
Unit Letter	J	: 1980	Feet From The	South	Line and	1980	Feet From The	East
Line of Section	18	Township	25-S	Range	37-E	NMPM,	Lea	County

Name of Authorized Transporter of Oil ☒ or Condensate ☐		Address (Give address to which approved copy of this form is to be sent)				
Shell Pipe Line Company		Box 2648, Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐		Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company		Box 1492, El Paso, Texas 79900				
If well produces oil or liquids, give location of tanks.	Unit J	Soc. 7	Twp. 25-S	Rge. 37-E	Is gas actually connected?	When 1953

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Eff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.D.T.D.				
Elevations (DF, RKB, RT, CR, 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			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)
	Casing 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.	
<u>Clarence R. Chandler</u> (Signature) Assistant District Manager (Title) January 29, 1980 (Date)	

OIL CONSERVATION COMMISSION FEB 15 1980	
APPROVED _____, 19____	
BY _____ Orig. Signed by Jerry Sexton Dist. L. Supv.	
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 recompleting 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.	