NO OF COPIES MEC	• • • • • • • • • • • • • • • • • • •		,		
DISTRIBUTE					
SANTA FE					
FILE					
U.S.G.S.					
LAND OFFICE	1	_			
IRANSPORTER	CIL				
	GAS				
OPET . TOR					
PROFACION OF					
Operator					

	DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  GIL  GAS	AUTHO	NEW MEXICO OIL REQUES	Form C=104 Supersedes Old C=104 and C=1) Effective 1=1-65				
1.	OPEL TOR							
	Address  312 HBF Building, Midland, Texas 79701  Reoson(s) for filing (Check proper box)  Other (Please explain)							
	New Well	•	Transporter of:		. ,			
	Recompletion Change in Ownership X	Cil Casinghead	Dry (	Gas Cha Jensate Ch	nge effective	e 1-23-80		
		Cashighed	200.3	ensure []				
	If change of ownership give name and address of previous owner	Reserv	ve Oil, Inc.,	312 HBF Bui	lding, Midla	nd, Texas 79701		
11.	DESCRIPTION OF WELL AND LEASE							
Cooper Jal Unit 153 Langlie Mattix State, Federal or Fee Federal						or Fee Federal 032715		
	Location L 280		Wort	1400		C 1		
	O.M. Ection	1 rect 10m	The West L		Feet From Th	. South		
	Line of Section 19 Tov	waship 24	-S Range	37-E , NA	ярм,	Lea County		
111.	DESIGNATION OF TRANSPORT			AS				
	Name of Authorized Transporter of Oil Shell Pipe Line Com		ndensate 🔲			d copy of this form is to be sent)  Texas 77001		
	Name of Autrorized Transporter of Castnghead Gas X 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 Sec.	Twp. Rge.	Box 149	2, El Paso,	Texas 79978		
	If well produces oil or liquids, give location of tanks.	J 24		Yes		1-27-79		
IV	If this production is commingled wit COMPLETION DATA	h that from any	other lease or pool	, give commingling o	rder number:	R-663		
• • •	Designate Type of Completio		Well Gas Well	New Well Workov	er Deepen	Plug Back   Same Resiv. Diff. Resiv.		
	Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
	Florette (DE Di D De co	N						
	Elevations (DF, RAB, RT, GR, etc.)	Name of Produc	ing Formation	Top Oll/Gas Pay		Tubing Depth		
	Perforations					Depth Casing Shoe		
		TU	BING, CASING, AN	O CEMENTING REC	ORD			
	HOLE SIZE	CASING 8	E TUBING SIZE	DEPTH	SET	SACKS CEMENT		
v.	TEST DATA AND REQUEST FO	DR ALLOWAE	LE (Test must be	after recovery of total v	olume of load oil an	d must be equal to or exceed top allow-		
	TEST DATA AND REQUEST FOR ALLOWABLE (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 Cil Bun To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, etc.)							
	Length of Test	Tubing Pressure	•	Casing Pressure		Choke Size		
	Actual Fred. During Tost	Cil-Bila.		Water - Bbis.		Gas-MCF		
	GAS WELL	T:						
	Actual Firms, Tost-MCF/D	Length of Teat		Bbls. Condensate/M	MCF	Gravity of Condensate		
	Teating hier is (prior, back pr.)	Tubing Pressure	(Shut-in)	Casing Pressure ( D)	ut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANC	Œ		1 011	L _ CONSERVAT	ION COMMISSION		
					FFP 15 1	and the second s		
	I hereby critify that the rules and ru Commitment have been complied w	ath and that th	e information given		Orig. Signed by			
Carence R. Chardle			<b>}</b>	Jerry Sexton  TITLE Dist 1. Supr.				
			; i	This form is to be filed in compliance, with null 1104.				
			Il chia la ma					
	Assistant District Manager			well, this form must be accomposited by a tabulation of the deviation tests taken on the well in accordance with FULE 111.				
January 31, 1980			bus wen no rida	All nections of this form must be filled out completely for allowable on new and recomplated walls.  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.				
			Fill out onl					

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

Separate froms C-104 must be filed for each pool in multiply completed wells.