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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-111  
Effective 1-1-85

Operator Getty Reserve Oil, Inc.	
Address 312 HBF Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change effective 1-23-80	
If change of ownership give name and address of previous owner Reserve Oil, Inc., 312 HBF Building, Midland, Texas 79701	

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Cooper Jal Unit	Well No. 206	Pool Name, including Formation Jalmat	Kind of Lease State, Federal or Fee	Lease No. Fee
Location				
Unit Letter H	1980	Feet From The North	Line and 330	Feet From The East
Line of Section 24	Township 24-S	Range 36-E	NMPM,	Lea County

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>				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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company				Box 1492, El Paso, Texas 79978		
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 24	Twp. 24-S	Rge. 36-E	Is gas actually connected? Yes	When Unknown
If this production is commingled with that from any other lease or pool, give commingling order number:						R-663

V. COMPLETION DATA										
Designate Type of Completion - (X)			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RAB, 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			

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		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)		Choke Size	

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.	
 Clarence R. Chandler (Signature) Assistant District Manager (Title) January 31, 1980 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED _____, 19____	
BY <u>Jerry Sexton</u> Dist. 1, 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 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 completed wells.	

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