	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE OIL	- REQUE	L CONSERVATION COMPACEDN ST FOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-11 Eliverity 1-1-65 . GAS
1.	TRANSPORTER OIL GAS OPERSTOR PROPATION OFFICE Operator			
	Getty Reserve Oil, Inc.			
	312 HBF Building, Midland, Texas 79701			
	Reason(s) for filing (Check proper box, New Well) Change in Transporter of:	Other (Please explain)	
	Recompletion Change in Ownership		Gas Change effect	ive 1-23-80
	If change of ownership give name and address of previous owner	Reserve Oil, Inc.,	, 312 HBF Building, Mic	lland, Texas 79701
n.	DESCRIPTION OF WELL AND I	Vell No.; Pool Name, Including		•
	Cooper Jal Unit	213 Jalmat		se al cr Fee Federal 063965
	Unit Letter I 198	0 Feet From The South	Line and 660 Feet From	The East
		nship 24-S Range	36-E , NMPM,	Tea
(I .)	WATER INJECTION WELL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
	Name of Authorized Transporter of Casi		Address (Give address to which appro	
	·		Address (Give address to which appro	nved copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? Wh	en
וו 2, 7	f this production is commingled with that from any other lease or pool, give commingling order number:			
	Designate Type of Completion	- (X)	New Well Workover Deepen	Plug Back Same Res'v. Dill. Res'v.
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Ĩ	Clevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Ĩ	Perforations		- I	Depth Casing Shoe
	TUBING, CASING, AND HOLE SIZE CASING & TUBING SIZE		D CEMENTING RECORD	
F			DEPTH SET	SACKS CEMENT
 т.	EST DATA AND REQUEST FOR		jer recovery of total volume of lood oil o	
	CST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total valume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours) Ite First New Cil Run To Tenks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
L	ength of Test	ubing Pressure	Casing Pressure	Choke Size
Ā	ctual Pred. During Test O	11-Bbis.	Water-Bbla,	Gca-MCF
		······································		
	AS WELL citual Frod. Test-MCF/D	ength of Teat	Bbls. Condensate/MMCF	
		ibing Pressure (Shut-in)		Gravity of Condensate
			Cosing Pressure (Bhut-12)	Chake Size
CERTIFICATE OF COMPLIANCE		OIL CONSERVATION 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 beat of my knowledge and belief, (Signature) Assistant District Manager (Tide) January 31, 1980 (Date)			APPROVED FEB 1 5 1980	
			by larry Sexton	
			TITLE Dist 1, Supv. This form is to be filed in compliance with RULE 1104.	
			If this is a request for allowable for a newly dritted or deepened well, this form must be accompanied by a tabulation of the deviation tests taken for the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- 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 filled for each pool in multiply completed wells.	