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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-110  
Effective 1-1-65

Operator Reserve Oil, Inc.	
Address 312 HBF Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change In Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain) Change Well number from #131 to #245 since well was recompleted from Langlie Mattix to Jalmat (Oil) zone.	

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper Jal Unit	Well No. 245	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 24 Township 24S Range 36E , NMPM, Lea County					

III. 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 Pipeline Corporation	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 Sec. Twp. Rge. Is gas actually connected? When
J 24 24S 36E	Yes May, 1976

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input checked="" type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>
<del>Workover</del> Commenced 12/3/79	Date Compl. Ready to Prod. 12-9-79
Elevations (DF, RAB, RT, GR, etc.) GL = 3318'	Name of Producing Formation "Yates" - Jalmat (Oil)
Perforations 3010-3291', Selected Porosity (84 holes)	Top Oil/Gas Pay 3000'
TUBING, CASING, AND CEMENTING RECORD Tubing Size = 2 3/8" @ 3193'	
HOLE SIZE	CASING & TUBING SIZE
11"	8 5/8", 28#
7 7/8"	5 1/2", 14#
4 7/8"	4 1/2", 10# drill pipe liner 2871-3560'
DEPTH SET	
265'	
2993'	
SACKS CEMENT	
75 sxs.	
200 sxs. out shoe & 150	
sxs. out DV tool at 1191	
100 sxs.	

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 Oil Run To Tanks 12-13-79	Date of Test 12-13-79	Producing Method (Flow, pump, gas lift, etc.) Beam Pump	
Length of Test 24 hrs.	Tubing Pressure 40 psi	Casing Pressure 45 psi	Choke Size None
Actual Prod. During Test	Oil-Bbls. 26	Water-Bbls. 71	Gas-MCF 34

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)

District Engineer

(Title)

12-19-79

(Date)

OIL CONSERVATION COMMISSION

APPROVED

DEC 21 1979

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BY

TITLE

SUPERVISOR DISTRICT 4

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.