NO. OF COPIES RECEIVED			
		DNSERVATION COMMISSION	Form C-104
SANTA FE	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-55
U.S.G.S.	AUTHORIZATION TO TRA	NSEGRET OIL AND NATURAL GAS	
LAND OFFICE			
TRANSPORTER OIL GAS			
OPERATOR			
PRORATION OFFICE			
Reserve Oil, Inc			
Address		1	
Reason(s) for filing (Check proper box	g, Midland, Texas 7970	1 (Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	OII Dry Ga	s C	
Change in Ownership X	Casinghead Gas Conder.	sate	
If change of ownership give name	Reserve Oil and Gas Co	mpany, 312 HBF Bldg., M	fidland TX 79701
	This change to be effect		
DESCRIPTION OF WELL AND	LEASE		
Lease Name Cooper Jal Unit	Weil No. Pool Name, Including Fo 217 Jalmat	state, Federal or F	iee Fee
Location	217 Jaillat		· · · · · · · · · · · · · · · · · · ·
Unit Letter N ; 99	0 Feet From The South Line	e and <u>2310</u> Feet From The	West
24 To	unshin 24-S Bange	36-E NYEM	Lea County
Line of Section 24 Toy	vnship 24-5 Range	50-Е , <u>NMPM</u> ,	Lea County
	TER OF OIL AND NATURAL GA		
Name of Authorized Transporter of Oil		Address (Give address to which approved co	
Shell Pipe Line (Name of Authorized Transporter of Cas		Box 2648, Houston, Texa Address (Give address to which approved co	as 1/001 opy of this form is to be sent)
El Paso Natural		Box 1492, El Paso, Texa	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	
give location of tanks.	J 24 24S 36E	Yes	Unknown
If this production is commingled win COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	<u>R-663</u>
Designate Type of Completio	Oil Well Cas Well	New Well Workover Deepen Plu	ig Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Pred.	Total Depth P.E	
Date Spudied			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay Tul	ting Depth
	<u>]</u>		pth Casing Shoe
Perforations			pin casing bloc
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
]		
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volum <mark>e of load oil and m</mark> pth or be for full 24 hours)	nust be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc)
Length of Test	Tubing Pressure	Casing Pressure Ch	cke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbis. Ga	a-MCF
-			
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Gro	rvity of Condenacte
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Ch	oke Size
CERTIFICATE OF COMPLIAN	CE		077
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.		APPROVED	
		Oríg. Signed by BYJerry Sezion	
		TITLE Dist 3, Supr.	
\sim			lience with pro s 1104
Eim Solo		This form is to be filed in comp If this is a request for allowable	for a newly drilled or deepened
(Signature)		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 allow-	
District Manager			
(Title) JAN -6 1977		able on new and recompleted wells. Fill out only Sections I. II. III	
(Date)		well name or number, or transporter, or	other such change of condition.
		Separate Forma C-104 must be	filed for each pool in multiply

•......