NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OF			

## NEW MEXICO OIL CONSERVATION COMMISS. REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

	U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	0.4.5
	LAND OFFICE	AUTHORIZATION TO TR	ANSTORT OIL AND NATURAL	. GAS
	TRANSPORTER OIL			
	GAS GAS			
	OPERATOR			
	PRORATION OFFICE			
ı.	Operator			
Reserve Oil and Gas Company				
	Reason(s) for filing (Check proper b			
	New Well		Other (Please explain)	Formerly
		Change in Transporter of:	Petroleum C	orporation of Texas
	Recompletion	Oil Dry G	Thomas No.	
	Change in Ownership X	Casinghead Gas Conde	ensate	
	If change of ownership give name			
	and address of previous owner	Petroleum Corporation	of Texas, Box 911, Br	eckenridge, Texas 76024
		This change to be effec	tive as-	
H.	DESCRIPTION OF WELL AND	LEASE	OCI 1 1970	
	Lease Name	Well No. Pool Name, Including F	11	Lease No.
	Cooper Jal Unit	217 Jalmat Yates	Seven Rivers   State, Fede	ral or Fee Fee
	Location			
	Unit Letter N 99	Feet From The S Li	ne and 2310 Feet 5	. The W
		1 000 1 1000 1 100	r eet r ron	n The
	Line of Section 24 T	ownship 24-S Range 3	86-E , <sub>NMPM</sub> ,	Lea County
			7 14011 1017	Lea County
III.	DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL GA	48	
	Name of Authorized Transporter of C	il X or Condensate	Address (Give address to which appr	oved copy of this form is to be sent)
	Shell Pipe Line Co	rporation	Box 2648, Houston,	
	Name of Authorized Transporter of C		Address (Give address to which appr	oved copy of this form is to be sent)
	El Paso Natural G	as Company	i	-
		Unit Sec. Twp. Rge.	Box 1492, El Paso, Is gas actually connected?	hen
	If well produces oil or liquids, give location of tanks.	O 24 24-S 36-E		Unknown
		1 1	<u> </u>	Olikilowii
W	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:	<u> </u>
. v .		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
	Designate Type of Complet	ion = (X)	John Mari	Flug Buck Sume Res-V. Diff. Res-V.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	T D D D D
			Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Ton Cil (Can Day)	T. V. D. W.
	(BI, RRB, RI, GR, etc.)	ivalie of Floracing Formation	Top Oil/Gas Pay	Tubing Depth
ŀ	Perforations			
	Periorations			Depth Casing Shoe
}				
-			D CEMENTING RECORD	
-	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
-				
-				
Ĺ				
V.	TEST DATA AND REQUEST I	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oi.	l and must be equal to or exceed top allow
_	OII. WELL able for this dept		pth or be for full 24 hours)	
ı	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
L				
- [	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Ţ	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
'-		<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<del></del>	
4	GAS WELL			
Γ	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
	.,-	_		C. a
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
	The state of the s		Commy ( . cooding ( parter In )	CHURA GIZA
<u>.</u> L			<u> </u>	<del></del>
1. (	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA	ATION COMMISSION
	hereby certify that the rules and	regulations of the Oil Conservation	APPROVED	, 19

above is true and complete to the best of my knowledge and belief.

(Signature) District Manager (Title)

(Date)

SEP 2 8 1970

SUPERVISOR DISTRICT TYTLE

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