NO. OF COPIES REC	EIVED	i	
DISTRIBUTION		$\Box$	
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		L.
OPERATOR			
PROBATION OFFICE			

(Date)

	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11		
	FILE		AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (	GAS		
	Lou	-				
	TRANSPORTER GAS	-				
	OPERATOR	]				
1.	PRORATION OFFICE Operator	ļ <u>.</u>				
	Reserve Oil and Gas Company					
	Address					
	First Saving	s Building, Midland, Te	exas 79701			
	Reason(s) for filing (Check proper box		Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde				
	Civilde III Ownership	Casinghead Gas Conden	nsate			
	If change of ownership give name and address of previous owner					
and address of provious owner						
II. DESCRIPTION OF WELL AND LEASE    Lease Name						
	Cooper Jal Unit	204 Jalmat Yates S		Estate No.		
	Location			2 66		
	Unit Letter F ; 198	N Lin	ne and 1980 Feet From	The W		
				_		
	Line of Section <b>Z4</b> Tow	wnship 24-S Range	36-E , NMPM,	Lea County		
III	DESIGNATION OF TRANSPORT	TED OF OIL AND NATURAL CA	NC .			
111.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)		
Towns New March Division Divis				Texas 79701		
'Name of Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent)			
	El Paso Natural Gas		Box 1492, El Paso,			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 24 24-S 36-E	Is gas actually connected? Wh	<sup>en</sup> Unknown		
				R-663		
	COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	R-003		
	Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.		
			The Doub			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
		TIPING CASING AND	OF AFAITING DECORD	<u> </u>		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
				JAGNO GEMENT		
••			<u> </u>			
٧.	EST 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. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.)					
	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 (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
				·		
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONSERVA	TION 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 best of my knowledge and belief.		MAR 1.7 1971				
		APPROVED 19				
		BY W.	Junyan			
		TITLE Geologist				
	2 mal			compliance with Bull E 4404		
			This form is to be filed in compliance with RULE 1104.  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.			
	District Manager		All sections of this form must be filled out completely for allow-			
	March 15, 1971	ie)	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 filed for each pool in multiply completed wells.

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M.R. 1 0 1071

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