NO. OF COPIES RECEIVED				
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SANTA FE				
FILE				
U.\$.G.\$.		Τ		
LAND OFFICE				
TRANSPORTER	OIL			
	GAS			
OPERATOR				
		1		

	SANTA FE	Form C-104			
	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-	
	U.S.G.S.		AND	Effective 1-1-65	
	LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS	
		<del>-</del>			
	TRANSPORTER GAS	-			
	OPERATOR	-			
	PRORATION OFFICE	<del>-</del> -			
I.	Operator				
	Reserve Oil a	nd Gas Company			
Reserve Oil and Gas Company  Address 301 First Savings Building, Midland, Texas 79701					
	New We!l	Change in Transporter of:	Other (Please explain)		
	Recompletion	<b>T</b>	·		
	Change in Ownership	<b>=</b> = -7.7	ensate		
		Conde	ensate		
	If change of ownership give name				
	and address of previous owner				
11	DECORIDATION OF HIRE				
ш.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including I			
	Cooper Jal Unit		C D:	Lease No.	
	Location	The state of the s	State, Feder	al or Fee Fee	
	1	20			
	Unit Letter L ; 198	Feet From The S	ne and 660 Feet From	The W	
	24				
	Line of Section To	ownship 24-S Range	36-E , NMPM, L	<b>County</b>	
ш.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	4S		
	Shell Pipe Line Corpo		Address (Give address to which appro	oved copy of this form is to be sent)	
	_		Box 2648, Houston,	Texas	
	Name of Authorized Transporter of Co		Address (Give address to which appro		
	El Paso Natural Gas		Box 1492, El Paso,	Гежав	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	1	en	
I	give location of tanks.	J 24 24-S 36-E	Yes	Unknown	
	If this production is commingled w	ith that from any other lease or pool,	give commingling order number:	R-663	
IV.	COMPLETION DATA				
	Designate Type of Completi	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
ļ			<u>                                     </u>		
İ	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
ſ	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
L		TUBING, CASING, AND	CEMENTING RECORD		
L	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
L					
L					
Ĺ				-	
<b>V</b> . 3	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be as	fter recovery of total values of load all	and must be equal to or exceed top allow-	
	JII. WELL	able for this de	pth or be for full 24 hours)	und must be equal to or excess top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	t, etc.)	
L					
	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	
İ				Gravity of Condensate	
-	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		(0.22)	odania (anac-11)	Chore Size	
 	EDITION OF COURT			<u></u>	
r1. C	ERTIFICATE OF COMPLIANC	JE.	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		APPROVED NOV 30 1972 , 19			
					above is true and complete to the best of my knowledge and belief.
			Jo	oe D. Ramey	
		1	TITLEI	Dist. I, Supv.	
			This form is to be filed in c	• • •	

District Manager

(Title)

November 27, 1972

(Date)

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

Fig. 1. Such a such

OIL CONSENSEMENT L. Comm. HUBBLE, No. Mr.

ME AS RES

Orig. Signed by Joe D. Ramey Dist. I, Sope,