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DISTRIBUTION		1	Γ_
SANTA FE			<u> </u>
FILE			
U.S.G.S.		1	
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			

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II.

III.

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NO. OF COPIES RECEIVED	7-			
DISTRIBUTION	NEW MEXICO OU	CONSERVATION COMMISS1		
SANTA FE	REQUEST	Form C-104 Supersedes Old C-104 and C-1		
FILE	REQUEST FOR ALLOWABLE Supersedes Old C-104 AND Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TR	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE		THE STATE OF THE PART OF	ne dad	
IRANSPORTER GAS				
OPERATOR				
PRORATION OFFICE Operator				
·				
Reserve Oil, In	ic.			
) (* 11 1. m			
Reason(s) for filing (Check proper be	ng, Midland, Texas 797			
New Well	Change in Transporter of:	Other (Please explain)		
Recompletion	Oil Dry C	·as [
Change in Ownership X		ensate		
		13376		
If change of ownership give name and address of previous owner	Reserve Oil and Gas C		dg., Midland, TX 79701	
DESCRIPTION OF WELL AND	This change to be effect	tive JAN -1 19/7	-	
Lease Name	Well No. Pool Name, Including	Formation Kind of	Lease	
Cooper Jal Unit	t 132 Langlie Ma	attix State, F	ederal or Fee Federal 063965	
Location			4	
Unit Letter 1; 2	310 Feet From The South Li	ne and 990 Feet F	from The East	
Line of Section 24 T	ownship 24S Range	36E , NMPM,	Lea County	
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	a c		
Name of Authorized Transporter of O	il 🖎 or Condensate 🗌	Address (Give address to which a	pproved copy of this form is to be sent)	
Shell Pipe Line	Company	Box 2648, Houston		
Name of Authorized Transporter of C		Address (Give address to which a	pproved copy of this form is to be sent)	
El Paso Natura	l Gas Company	Box 1492, El Paso		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 24 24S 36E	Is gas actually connected? Yes	When	
f this production is commingled w	rith that from any other lease or pool,	<u> </u>	Unknown	
r mis broggerron is committified &	ith that from any other lease or pool,	give commingling order number.	R-663	
COMPLETION DATA		government of the state of the	1(-00)	
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper		
Designate Type of Completi	ion - (X) Gas Well			
Designate Type of Completi	Oil Well Gas Well			
Designate Type of Completi	ion - (X) Gas Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deeper	Plug Back Same Restv. Diff. Restv.	
Designate Type of Completi	ion - (X) Gas Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deeper	Plug Back Same Resty. Diff. Resty.	
Designate Type of Completing Date Spudded Elevations (DF, RKB, RT, GR, etc.)	ion - (X) Gas Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deeper	Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth	
Designate Type of Completing Date Spudded Elevations (DF, RKB, RT, GR, etc.)	ion - (X) Gas Well Gas Well Date Compl. Ready to Prod.	New Well Workover Deeper	Plug Back Same Restv. Diff. Restv.	
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Designate Type of Completing Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Date Compl. Ready to Prod. Name of Producing Formation TUBING, CASING, ANI	New Well Workover Deeper Total Depth Top Ctl/Gas Pay CEMENTING RECORD	Plug Back Same Res'v. Diff. Res'v. P.B.T.D. Tubing Depth Depth Casing Shoe	
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I. C

ElmQ/	
(Signature) District Manager	_
JAN -6 1977	_

(Date)

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

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