1.	Reason(s) for filing (Check proper box) New Well Recompletion X Change in Ownership	REQUEST AUTHORIZATION TO TRA Inc. lding, Midland, Texas	79701 Other (Please ex Downhole Langlie M	TURAL GAS	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
	If change of ownership give name and address of previous owner	· · · · · · · · · · · · · · · · · · ·			
II.	DESCRIPTION OF WELL AND I Lease Name Cooper Jal Unit Location Unit Letter N : 330	JEASE Well No. Pool Name, Including F 134 Jalmat (ad Feet From The South Lin	ded) s	ind of Lease ate, Federal or Fe Feet From The	l
	24	nship 24S Range	36E , NMPM,		Lea County
111.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Off Shell Pipe Line Con Name of Authorized Transporter of Cas El Paso Natural Ga	Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978 Is gas actually connected?			
	If well produces cil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. J 24 24S 36E	Yes	i U	Jnknown
IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio	n - (X) Oll Well Gas Well	New Well Workever	Deepen Plug	R - 663 Back   Same Res'v.   Diff. Res'v.   X & X
	Date Spuddød	Date Compl. Ready to Prod. 3–16–79	Total Depth 3570 <sup>1</sup>		3564'
	Elevations (DF, RKB, RT, GR, etc.) RKB = 3321'	Name of Producing Formation Yates & Seven Rivers	Top Oil/Gas Pay Yates = 3028'		ing Depth 30921
	Perforations Yates = $3031'-3295'$ (2				
		TUBING, CASING, AHI CASING & TUBING SIZE	D CEMENTING RECORD		SACKS CEMENT
	HOLE SIZE Assumed 11"	8 5/8 <sup>11</sup>	280'		0 sxs. w/surface reta
	Assumed 7 7/8"	5 1/2"	3462'	30	0 sxs.
	Assumed 7 170	2 3/8"	3092'		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume c able for this depth or be for full 24 hours)					ust be equal to ar exceed top allow-
	OII. WELL Date First New Oil Run To Tanks 3-16-79	Date of Test 3-28-79	Preducing Method (Flow, ) Pump	oump, gas lift, etc.	)
	Longth of Test	Tubing Pressure	Casing Pressure	Cho	ko Sizo
	72 hrs. total	42 psi	45 psi Water - Bole.	Gas	
	Ave. 24 hr. productio		74		60
	GAS WELL Actual Pred. Test-MCF/D	Length of Test	Ebis, Condensate/MMCF	Gra	vity of Condensate
		Tubing Processo (Shut-in)	Casing Pressure (Linut-1	n) Cho	te Sizo
	Testing Kathod (pitot, back pr.)				
VI.	CERTIFICATI OF COMPLIANCE		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 above is the and complete to the best of my knowledge and belief.		APPROVED		
	District Engineer		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 in the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-		
	(iiik) April 9, 1979		ship on new and recompleted wells.		
	(De	(e)	well name or number, or transporter, or other such change of condition.		

Generate Forms C-104 must be filed for each pool in multiply nomol-tel wells.

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