).	NO, OF COPIES PECTORS DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PROFATION OFFICE	REQUES	CONSERVATION COLOSION FFOR ALLOWABLE AND RANSPORT OIL AND NATURAL	Form C-104 Superseders Old C-104 and C-1 Effective 1-1-65 GAS
	Operator			
	Getty Reserve Oil, Inc.			
	312 HBF Building, Midland, Texas 79701 Reoson(s) for filing (Check proper box)			
	New We'l Recompletion Change in Ownership	Change In Transporter of: Cil Dry C	Gas Change effective	ve 1-23-80
	If change of ownership give name and address of previous owner	Reserve Oil, Inc.,	312 HBF Building, Mid	land, Texas 79701
н.	DESCRIPTION OF WELL AND LEASE			
	Lesse Nome Well No. Pool Name, Including F Cooper Jal Unit 223 Jalmat			e Lease No. al or Fee Fee
	Location D 330 North 900			
		Feet From The NOTTI Li	ne and Feet From	The West
	Line of Section 25 To	waship 24-S Range	36-Е , ммрм,	Lea County
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OIL Shell Pipe Line Company Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved capy of this form Box 2648, Houston, Texas 7700 Name of Authorized Transporter of Casinghead Gas X or Dry Gas			Texas 77001	
	El Paso Natura	l Gas Company Unit Sec. Twp. Ege.	Box 1492, El Paso,	Texas 79978
	If well produces oil or liquids, give location of tanks.	J 24 24-S 36-E		Unknown
v.	If this production is commingled with that from any other lease or pool, give commingling order number: R-663			R-663
	Designate Type of Completion - (X)			
	Date Spudded	Date Compl. Ready to Pred.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!!/Gas Pay	Tubing Depth
	Perforations		·	Depth Casing Shoe
		TUBING, CASING AND	D CEMENTING RECORD	
	HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	TEST DATA AND REQUEST FO		fier recovery of total volume of load oil c	ind must be equal to or exceed top allow-
ī	OII. WELL able for this depth or be		pth or be for full 24 hours) Producing Method (Flaw, pump, gas life	
╞	Longth of Teat	Tubing Pressure	Casing Pressure	Choka Size
		-		
	Actual Pred. During Test	Oil-Bhis.	Water - Bbls.	Gaø - MCF
·	GAS WELL			
ſ	Actual Pros. Test-VCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tealing Mathod (pitot, back pr.)	Tubing Pressure (Shab-in)	Casing Pressure (Shub-in)	Choke Size
L				
I. (CERTIFICATE OF COMPLIANCE		FEB 15 1980	
I C	I hereby certify that the rules and regulations of the Oil Connervation Commussion have been complied with and that the information given above in true and complete to the best of my knowledge and belief.		APPROVED Orig. Signed by Orig. Signed by BY Lorry Seators	
(Signature) Assistant District Manager (Tule) January 31, 1980 (Date)			TITLE 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 ellow- able on now end recooplated wells. Fill out only Sections L. II, III, and VI for changes of owner, well name or number, or trainsported or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply rempleted wells.	