164 RECI	1	ļ	
RIBUTION			
E			
•			
OFFICE			
SPORTER	OIL		
	GAS		
RATOR			
RATION OFFICE			

JAN - 6 1977

(Date)

Ε		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65
	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	
OFFICE	ASTRONIZATION TO TR	ANSI ORT OIL AND NATURAL	_ GAS
SPORTER	_		
RATOR			
PRATION OFFICE			
ator			
Reserve Oil, In	·C.		
312 HBF Build <b>i</b>	ng, Midland, Texas 7970	01	
leason(s) for filing (Check proper be		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion Change in Ownership X	Oil Dry G  Casinghead Gas Conde		
If change of ownership give name and address of previous owner	Reserve Oil and Gas Co	ompany, 312 HBF Bldg	., Midland, TX 79701
	This change to be effect	L*	
DESCRIPTION OF WELL AND	D LEASE   Well No.   Pool Name, Including F	OMM - T 19/1	
Cooper Jal Unit	1 1	Į.	eral or Fee Fee
Location			T ee
Unit Letter C:	840 Feet From The North Lin	ne and 1650 Feet Fro	m The West
Line of Section 25	Cownship 24S Bance	36E	T an
Line of Section T	Ownship 440 Range	NMPM,	Lea County
	RTER OF OIL AND NATURAL GA		
Name of Authorized Transporter of C			proved copy of this form is to be sent)
Shell Pipe Line Name of Authorized Transporter of C	Company Casinghead Gas X or Dry Gas 7	Box 2648, Houston,	Texas 77001 proved copy of this form is to be sent)
El Paso Natural			
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Box 1492, El Paso, Is gas actually connected?	lexas 19918 When
give location of tanks.	J 24 24S 36E	Yes	Unknown
	with that from any other lease or pool,	give commingling order number:	R-663
COMPLETION DATA	Oil Well Gas Well	New Weil Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.
Designate Type of Complet	ion - (X)		1 Same New York
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	
The second (or , RRB, RI, GR, etc.)	reduce of Producing Formation	Tep On/Gds Pay	Tubing Depth
Perforations			Depth Casing Shoe
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	CACKE GENEVA
11000 3720	CASING & TUBING SIZE	DEFINSE	SACKS CEMENT
		1	<u>i                                      </u>
TEST DATA AND REQUEST FOR OIL WELL		fter recovery of total volume of load o pth or be for full 24 hours)	il and must be equal to or exceed top allow-
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-Bhis.	Water-Bbis.	Gas-MCF
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	To-the discontinue
		Bara. Condendate Mimor	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	ATION COMMISSION
		APPROVED	)// 
Commission have been complied	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		in the section
above is true and complete to th	e best of my knowledge and belief.	L1	2 4-1-5 - 1 4 - 5 de
		TITLE	The Mayore
$\sim$ $\sim$ $\sim$		This form is to be filed in	compliance with RULE 1104.
Sim Jalan (Sign		If this is a request for allo	wable for a newly drilled or deepened sanied by a tabulation of the deviation
District Manager		tests taken on the well in acc	ordence with RULE 111.
·	itle)	All sections of this form make the on new and recompleted w	ust be filled out completely for allow-

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