NO. OF COPIES REC	EIVED	į	
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR			
			_

VI.

(Date)

	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11	
	U.S.G.S.	41171100174710117077	AND	Effective 1-1-65	
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL O	GAS	
	IRANSPORTER OIL				
	GAS				
_	PROPATION OFFICE	_			
I.	Operator				
	Reserve Oil and Gas Company				
	First Savings Building, Midland, Texas 79701				
	Reason(s) for filing (Check proper box New Well		Other (Please explain)	Formerly	
	Flecompletion	Change in Transporter of: Oil Dry Go	as Reserve Oil an	d Gas Company	
	Change in Ownership X	Casinghead Gas Conde	nsate Van Zandt No.	6	
	-		mpany, First Savings B	ldg., Midland, Texas	
II.	DESCRIPTION OF WELL AND	This change to be effect LEASE	OCT 1 1970		
	Lease Name Cooper Jal Unit	Well No. Pool Name, Including F		Lease No.	
	Location Cooper Jan Office	140 Langlie Mattix	x Seven Rivers State, Federa	l or Fee Fee	
	Unit Letter A ; 99	Peet From The N Lir	ne and 990 Feet From T	The E	
	Line of Section 25 Tox	wnship 24-S Range	36-E , NMPM,	Lea County	
Ш.		TER OF OIL AND NATURAL GA			
Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be Texas New Mexico Pipe Line Company Box 1510, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas X			Box 1510, Midland, Texas 79701 Address (Give address to which approved copy of this form is to be sent)		
	El Paso Natural Gas	s Company	Box 1492, El Paso, To	exas	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. A 25 24-S 36-E		Unknown	
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	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	Tubing Depth	
	Ziovations (DP, RRB, R1, GR, etc.)	Nume of Producing Connection	Top Ony Gus Puy	rubing Depth	
	Ferforations			Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FOOIL WELL	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil a poth or be for full 24 hours)	and must be equal to or exceed top allow-	
į	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas life	t, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		Out Divis	Water - Bbls.	Gas-MCF	
	Actual Prod. During Test	Oil-Bble.	water-Bbis.	Gus-MCF	
•		<u> </u>	<u>* </u>		
ſ	Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
			·	G. G	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI.	CERTIFICATE OF COMPLIANC	RTIFICATE OF COMPLIANCE		TION 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 true and complete to the best of my knowledge and belief.		APPROVED 19			
		BY Styles			
					TITLE
			8 1m \ /		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened
(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
-	District Manager	<i>I</i> a)	All sections of this form must be filled out completely for allow-		
SEP 2 8 1970		able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner,			

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

OIL CHISTONIC AND ACCOUNT.

. .