NO. OF COPIES REC	EIVED	İ	
DISTRIBUTIO			
SANTA FE			
FILE			
u.s.g.s.			
LAND OFFICE			
IRANSPORTER	OIL		
· · · · · · · · · · · · · · · · · · ·	GAS		
OPERATOR			

Form C-104

	SANTA FE				REQUEST	FOR ALLOWABLE			C-104 and C-11
	U.S.G.S. ALITHOPIZATION TO TR				AUTHORIZATION TO TRA	AND		Effective 1-1-65	
	LAND OFFICE AUTHORIZATIO					NSPORT OIL AND NA	TURAL 6	SAS	
	IRANSPORTER	OIL							
		GAS							
	OPERATOR								
I.	PRORATION OFFIC	CE							
	Reserve Oil and Gas Company								
	Address								
		Fir	st S	avi	ings Building, Midland,	Texas 79701			
	Reason(s) for filing (C	heck p	roper	box)		Other (Please e	xplain)	Formerly	
	New Well	New We!l Change in Transporter of: Texas Pacific Oil Company, Inc.							
	Recompletion Change in Ownership	寸			Oil Dry Ga Casinghead Gas Conden	Myers			
	Change in Ownership.	<u> </u>			Conden.	sure			
	If change of ownershi and address of previous			e T	Texas Pacific Oil Co.,	Inc., Box 1069,	Hobbs,	New Mexico 8	88240
	and address of previo	Jus U		I	This change to be effect	ive OCT 1 1970			
II.	DESCRIPTION OF	WEL	L AN		LEASE	061 1 1970			
	Lease Name Cooper Ja	l IIn	it		Well No. Pool Name, Including Fo	Seven Rivers	ind of Lease		LEegse No.
	Location				ZZZ Jaimat rates	Seven Kivers	idle, rederd	Torree 2 cacrar	054665(b)
	A			330	O Feet From The N Lin	330		rha E	
	Unit Letter		;		End I fold TheEm		Feet From 1	The	
	Line of Section	26		Towr	nship 24-5 Range	36-E , NMPM,		Lea	County
III.	DESIGNATION OF				ER OF OIL AND NATURAL GA or Condensate	Address (Give address to	which approx	ed conv of this form is t	o ha canti
	1	_			Pipe Line Company	Box 1510, Mid			o ve sem)
					inghead Gas 🔼 or Dry Gas 🗔	Address (Give address to	•	<u>=</u>	o be sent)
	El Paso Na	atur	al (Gas	Company	Box 1492, El F	aso, T	exas	
	If well produces oil or	liquid	s,	1	Unit Sec. Twp. Rge.	Is gas actually connected		en .	
	give location of tanks.				A 26 24-S 36-E	Yes		Unknown	
			ngled	with	n that from any other lease or pool,	give commingling order n	umber:		1
IV.	COMPLETION DAT				Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Restv.
	Designate Type	of C	omple	etion	n = (X)	1			!
	Date Spudded				Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	
			·-						
	Elevations (DF, RKB,	RT, G	R, etc	·.j	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
	Perforations							Depth Casing Shoe	
	1 51151415115							Copin Gabing bilot	
		TUBING, CASING, AND CEMENTING RECORD							
	HOLE SI	ZE			CASING & TUBING SIZE	DEPTH SET		SACKS CEM	ENT
				\dashv					
V.	TEST DATA AND	REQI	IEST	FO	R ALLOWABLE (Test must be at	ter recovery of total volume	of load oil a	and must be equal to or e	xceed top allow-
••	TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)								
	Date First New Oil Ru	n To T	'ank s		Date of Test	Producing Method (Flow,)	oump, gas lif	t, etc.)	
	Length of Test			\rightarrow	Tubing Pressure	Casing Pressure		Choke Size	
	Length of Test				I don't Present	Casing 1 1000 ac		0	
	Actual Prod. During Te	es t	·······		Oil-Bbls.	Water - Bbls.		Gas - MCF	
	GAS WELL Actual Prod. Test-MC	<u> </u>		. 1	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
	Actual Prod. 1881-MC	יביים		1	Length of 1est	BDIB: COINGIBUTE MMCF		Gravity or Condensate	
	Testing Method (pitot,	back p	or.)		Tubing Pressure (Shut-in)	Casing Pressure (Shut-i	n)	Choke Size	
					· · · · · · · · · · · · · · · · · · ·				
VI.	CERTIFICATE OF	COM	PLIA	ANC	E	OIL CO	NSERVA	TION COMMISSION	1
							·		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given					BY DISTRICT &			
above is true and complete to the best of my knowledge and belief.				best of my knowledge and belief.					
	\sim .				- Filad Ja -	compliance with any	1104		
	8/11/2			This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
•	District Manager				ure)	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 allow-			
	OFD 0 0 40-			(Title	e)	able on new and recompleted wells.			
	SEP 2 8 197	U		(D		Fill out only Sec well name or number.	tions I, II. or transport	. III, and VI for chan en or other such chang	ges of owner, e of condition.
(Date)						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 COMPTENDING COMM.