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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I. Operator
Getty Reserve Oil, Inc.

Address
312 HBF Building, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐ Change In Transporter of: Oil ☐ Dry Gas ☐ Change effective 1-23-80

Recompletion ☐ Casinghead Gas ☐ Condensate ☐

Change In Ownership ☒

If change of ownership give name and address of previous owner Reserve Oil, Inc., 312 HBF Building, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper Jal Unit	Well No. 151	Pool Name, Including Formation Langlie Mattix	Kind of Lease State, Federal or Fee	Fee	Lease No.
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Location
Unit Letter A ; 170 Feet From The East Line and 771 Feet From The North

Line of Section 24 Township 24-S Range 36-E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipe Line Company	Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978

If well produces oil or liquids, give location of tanks.	Unit J	Sec. 24	Twp. 24S	Rge. 36E	Is gas actually connected? Yes	When 11-10-77
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If this production is commingled with that from any other lease or pool, give commingling order number: R-663

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. 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 allowable for this depth or be for full 24 hours)

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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

Clarence R. Chandler
(Signature)
Assistant District Manager
(Title)
January 31, 1980
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 15 1980, 19
BY Orig. Signed By Jerry Sexton
TITLE Dist. L. Supv.
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 allow-
able 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 multipl-
compleated wells.