1.	HO. OF COPIES METHOD DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPEFATOR PRCHATION OFFICE Operator Reserve Oil, I	REQUEST	CONSERVATION COMMIL ON FOR ALLOWABLE AND ANSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-13 Elfoctive 1-1-65 GAS
	Address 312 HBF Build Reason(s) for filing (Check proper box New Well X Recompletion Change in Ownership	ing, Midland, Texas 79	as	
	If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No.; Pool Name, Including Formation Kind of Lease				
	Cooper Jal Unit	154 Langlie Ma		Lease ,vo.
	Unit Letter <u>G</u> ; 155	0 Feet From The N	ne and 2400 Feet From	TheE
	Line of Section 25 Tov	mship 24S Range	36E , NMPM,	Lea County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	15	
	Same of Authorized Transporter of Oll Shell Pipe Line Com		Address (Give address to which appro Box 2648 Houston	
	Name of Authorized Transporter of Casinghead Gas 🕱 or Dry Gas 🗔		Box 2648, Houston, TX 77001 Address (Give address to which approved copy of this form is to be sent)	
	El Paso Natural Gas	Company Unit Sec. Twp. Rge.	Box 1492, El Paso, 1 Is gas actually connected?	
	If well produces oil or liquids, give location of tanks.	J 24 24S 36E	Yes	5-11-79
151	If this production is commingled wit		give commingling order number:	R663
34.	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	Designate Type of Completio	Date Compl. Ready to Prod.	X I Total Depth	
	4-19-79	5-11-79	3645' G.L.	P.B.T.D. 3606' GL
	Elevations (DF, RKB, RT, GR, etc.) 3296' GL	Name of Producing Formation 7 Rivers	Top Oil/Gas Pay 3246'	Tubing Depth 3535'
	Perforations	La		Depth Casing Shoe
	3246-3570' (19 holes $\frac{1}{2}$ '' diameter) TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		8 5/8", 24#, K-55	365' GL	300 (circulated)
	7.875	5 1/2'', 15.5#, K-55 2 7/8'', 6.4#, J-55	3642'GL 3535'GL	600 (circulated)
ŀ				
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed to able for this depth or be for full 24 hours)				
-	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lij	(t, etc.)
ļ	5-11-79 Longth of Test	5-15-79 Tubing Pressure	Pump Casing Pressure	Choke Siza
	24 hrs.	35	40	None
	Actual Pred, During Test	Cil-Bbis. 264	Water-Bble. 24	Gas-MCF
I_		204		202
	GAS WELL			
ł	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condenacte/MMCF	Gravity of Condensate
	Teating Matnod (1 stat, back pr.)	Tuning Freeswo (Shul-in)	Casing Freessure (Shut-in)	Choke Size
i. Tri	ERTIFICATE OF COMPLIANC	E.		TION COMMISSION
				24979 19
ι,	hereby certify that the rules and re- location have been complied wi	in and that the information given	APPROVED MINI	
(Unverialities and complete to the best of my knowledge and belief. (Signature) District Engineer (Title) May 22, 1979 (Date)			UY CHITEDUICOR	
			THE SUPPRVISOR DISTRICT I This form is to be filed in compliance with HULZ 1104. If this is a request for allowable for a newly dilled or despendit well, this form must be accompanied by a tabulation of the deviation touts taken on the wall in accordance with HULE 111. All mechanics 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.	
			Separate Found C-104 must be filed for each pool in multiply completed wells.	