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TITLE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION 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

Operator  
**Doyle Hartman**

Address  
**508 C & K Petroleum Building, Midland, Texas 79701**

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

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Request for 750 BBL testing allowable for April, 1979.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>J. Hiram Moore State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Penrose - Skelly</b>	Kind of Lease State, Federal or Fee <b>State</b>	Lease No. <b>B-1167</b>
Location				
Unit Letter <b>D</b>	<b>990</b>	Feet From The <b>North</b>	Line and <b>990</b>	Feet From The <b>West</b>
Line of Section <b>18</b>	Township <b>21-S</b>	Range <b>37-E</b>	, NMPM, <b>Lea</b> County	

**I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Permian Corporation</b>	<b>P. O. Box 1183, Houston, Texas 77001</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 1384, Jal, New Mexico 88252</b>
If well produces oil or liquids, give location of tanks.	Unit      Sec.      Twp.      Rge.      Is gas actually connected?      When
	<b>D      18      21-S      37-E      No      5-1-79</b>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**V. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>
Date Spudded <b>3-24-79</b>	Date Compl. Ready to Prod. <b>4-15-79</b>	Total Depth <b>4000</b>	F.B.T.D. <b>3950</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3514 RKB</b>	Name of Producing Formation <b>Penrose-Grayburg</b>	Top Oil/Gas Pay <b>3556</b>	Tubing Depth <b>3930</b>					
Perforations <b>3556-3802 w/17</b>	Depth Casing Shoe <b>4000</b>							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<b>12 1/4</b>	<b>8 5/8, 28#</b>	<b>444</b>	<b>300 (circulated)</b>					
<b>7 7/8</b>	<b>5 1/2, 17#</b>	<b>4000</b>	<b>650 (circulated)</b>					

**VI. TEST DATA AND REQUEST FOR ALLOWABLE (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)**

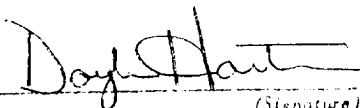
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

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

**VII. 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.

  
(Signature)

**Operator-Part Owner**  
(Title)

**April 25, 1979**  
(Date)

**OIL CONSERVATION COMMISSION**

**APR 27 1979**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **Tex Clements**  
As Insp.

TITLE \_\_\_\_\_

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 gas distribution tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only sections I, II, III, and VI for an oil or gas well, well name or number, or transporter or other such change of condition.

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