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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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-110
Effective 1-1-65

Operator Doyle Hartman	
Address 508 C & K Petroleum Building; Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Adele Sowell	Well No. 1	Pool Name, Including Formation Langlie Mattix (Seven Rivers-Queen)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter P	330	Feet From The South	Line and 990	Feet From The East	
Line of Section 19	Township 24-S	Range 37-E	NMPM,	Lea	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Company	Box 1384 ; Jal, New Mexico 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	10-17-77

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 8-27-77	Date Compl. Ready to Prod. 9-23-77	Total Depth 3700	P.B.T.D. 3657					
Elevations (DF, RKB, RT, GR, etc.) 3275 G.L.	Name of Producing Formation Seven Rivers-Queen	Top Oil/Gas Pay 3402	Tubing Depth 3358					
Perforations 3402-3515 w/16 (Seven Rivers-Queen)			Depth Casing Shoe 3700					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8 5/8, 28#	463	300 sx
7 7/8	4 1/2, 10.5#	3700	900 sx

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)

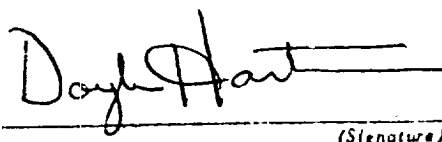
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 345	Length of Test 24 hours	Bbls. Condensate/MMCF ----	Gravity of Condensate ----
Testing Method (pilot, back pr.) choke nipple	Tubing Pressure (Shut-in) 208 psi	Casing Pressure (Shut-in) 208 psi	Choke Size 18/64

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)

10-4-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED

19

BY

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 the Deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable 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.