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 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
 Minerals and Natural Resources Department

Form C-104
 Revised 1-1-89
 See Instructions
 at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Doyle Hartman	Well API No. 30-025-05937
Address P. O. Box 10426, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Britt A-6	Well No. 1	Pool Name, Including Formation Eumont <i>Y-SR-QN</i>	Kind of Lease XXX Federal XXX	Lease No. LC-031621A
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>7</u> Township <u>20-S</u> Range <u>37-E</u> , NMPM, Lea County				

III. 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)					
Doyle Hartman	P. O. Box 10426, Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					Yes	2-20-91

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back <input checked="" type="checkbox"/>	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
Date Spud - Reentry 2-2-91	Date Compl. Ready to Prod. 2-20-91		Total Depth 3895'		P.B.T.D. 3609'			
Elevations (DF, RKB, RT, GR, etc.) 3571 DF	Name of Producing Formation Queen-Penrose		Top Oil/Gas Pay 3129'		Tubing Depth 3250'			
Perforations 3129, 50, 64, 77, 96.5, 3203, 11, 14, 17, 20, 26, 29, 34, 37, 41, 47, 53, 62, 64, 67, 84, 86.5, 3331, 39, 43, 67, 69 (27 total)						Depth Casing Shoe 3811'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
	10-3/4"		271'		200 sx			
	7-5/8"		1256'		400 sx			
	5-1/2"		3811'		400 sx			
	2-3/8"		3250'		---			

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 Tank	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 445	Length of Test 24 hrs	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Pitot	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) FCP = 62 psig	Choke Size 24/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Patrick K. Worrell
 Signature
 Patrick K. Worrell Engineer
 Printed Name
 6-11-91 Date 915/684-4011 Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 19 1991
 By _____
 Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.