

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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 OIL C-104 and C-11
Effective 1-1-65

Operator Doyle Hartman

Address P. O. Box 10426 Midland, Texas 79702

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" 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 _____

DESCRIPTION OF WELL AND LEASE			
Lease Name <u>Ellen Weir</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Eumont (Gas)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>
Location Unit Letter <u>M</u> ; <u>660</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>West</u>			
Line of Section <u>3</u> Township <u>20S</u> Range <u>37E</u> , NMPL, <u>Lea</u> 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)		
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1384 Jal, New Mexico 88252</u>		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	When
			<u>12-29-81</u>

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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Date Spudded <u>12-03-81</u>	Date Compl. Ready to Prod. <u>12-22-81</u>	Total Depth <u>3950</u>	P.B.T.D. <u>3945</u>
Elevations (DF, RKB, RT, GR, etc.) <u>3549.7 GL</u>	Name of Producing Formation <u>Queen (Penrose)</u>	Top Oil/Gas Pay <u>3507</u>	Tubing Depth <u>3520</u>
Perforations <u>3507-3662 (Penrose)</u>			Depth Casing Shoe <u>3950</u>

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>9 5/8</u>	<u>450</u>	<u>225 (surface)</u>
<u>8 3/4</u>	<u>7</u>	<u>3950</u>	<u>550 (surface)</u>

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
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 <u>12-23-81 154</u>	Length of Test <u>24 hours</u>	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) <u>Orifice Tester</u>	Tubing Pressure (Shut-in) <u>82</u>	Casing Pressure (Shut-in) <u>(260)</u>	Choke Size <u>18/64</u>

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.

Larry G. Penning
(Signature)
Engineer
(Title)
December 23, 1981
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 19 1982, 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 deviated 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 re-completed 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.