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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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

I. Operator
Doyle Hartman

Address
Post Office Box 10426 Midland, TX 79702

Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of: Designate transporter of condensate,
Recompletion ☐ Oil ☐ Dry Gas ☐ well has started producing some con-
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐ densate with gas

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name State "28"	Well No. 1	Pool Name, including Formation Eumont (Gas)- Penrose	Kind of Lease State, Federal or Fee State	Lease No. A-3071
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Location
Unit Letter 0 : 660 Feet From The South Line and 2180 Feet From The East
Line of Section 28 Township 19-S Range 37-E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation Permian (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) Post Office Box 1183, Houston, TX 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Suite 400 Texas American Bank Bldg, Midland, TX 79701
If well produces oil or liquids, give location of tanks. 0 28 19S 37E	Is gas actually connected? Yes When July 29, 1983

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X						
Date Spudded 6-27-83	Date Compl. Ready to Prod. 7-14-83	Total Depth 3950	P.B.T.D. 3931					
Elevations (DF, RKB, RT, CR, etc.) 3579 GL	Name of Producing Formation Penrose	Top Oil/Gas Pay 3620	Tubing Depth 3831 RKB					
Perforations 3620-3738 w/20 (Eumont-Penrose)			Depth Casing Shoe 3950					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2	13-3/8	413	400 (circ)
8-3/4	7	3950	2025 (circ)

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 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

VI. 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.

Michelle Nemine
(Signature)
Administrative Assistant
(Title)
April 17, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 19 1984, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 deviate 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 change of owner, well name or number, or transporter, or other such change of condition.

APR 18 1984

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O.C.D.
MOBBS OFFICE