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TITLE	
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-101 and C-11
Effective 1-1-65

I. OPERATOR
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:	
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	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
<u>J. Hiram Moore State</u>	<u>1</u>	<u>Eumont (Penrose)</u>	<u>State, Federal or Fee State</u>	<u>B-1167</u>

Location: Unit Letter D; 990 Feet From The North Line and 990 Feet From The West

Line of Section 18 Township 21-S Range 37-E, NMPM, Lea County

III. 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)
<u>Permian Corporation</u>	<u>P. O. Box 1183, Houston, Texas 77001</u>
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)
<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.	Twp.	Rge.	Is gas actually connected?	When
	<u>D</u>	<u>18</u>	<u>21-S</u>	<u>37-E</u>	<u>Yes</u>	<u>5-4-79</u>

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	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
<u>(X)</u>	<u>X</u>		<u>X</u>					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
<u>3-24-79</u>	<u>5-4-79</u>	<u>4000</u>	<u>3730</u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
<u>3514</u>	<u>Penrose</u>	<u>3556</u>	<u>3726</u>
Perforations			Depth Casing Shoe
<u>3556-3307 w/14 (Penrose)</u>			<u>4000</u>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8, 28#</u>	<u>444</u>	<u>300</u>
<u>7 7/8</u>	<u>5 1/2, 17#</u>	<u>4000</u>	<u>650</u>

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.)	
<u>4-15-79</u>	<u>5-4-79</u>	<u>Pumping (7 x 62 x 1 1/4)</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hours</u>	<u>124</u>	<u>124</u>	<u>22/64</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	<u>24</u>	<u>21</u>	<u>538</u>

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.

Doyle Hartman
(Signature)
Operator-Part Owner
(Title)
May 4, 1979
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 7 1979, 19____

BY John W. Pumphrey
Geologist

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 available data taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on non-recompleted 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.

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MAY - 7 1979

OIL CONSERVATION COMM.
HOBBS, N. M.