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

NEW MEXICO OIL CONSERVATION COMMISS. LN
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-1
 Effective 1-1-65

Operator Doyle Hartman

Address P. O. Box 10426 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
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

I. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Justis-Christmas Gas Unit</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Jalmat (Yates)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location				
Unit Letter <u>E</u>	<u>2225</u>	Feet From The <u>North</u>	Line and <u>790</u>	Feet From The <u>West</u>
Line of Section <u>20</u>	Township <u>25-S</u>	Range <u>37-E</u>	<u>NMPM</u>	Lea County

II. 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. Twp. Rge. Is gas actually connected? When
	<u>no</u> <u>March 1, 1982</u>

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded <u>2-8-82</u>	Date Compl. Ready to Prod. <u>2-15-82</u>	Total Depth <u>3150</u>	P.B.T.D. <u>3145</u>					
Elevations (DF, RAB, RT, GR, etc.) <u>3053 GL</u>	Name of Producing Formation <u>Yates</u>	Top Oil/Gas Pay <u>2732</u>	Tubing Depth <u>3110</u>					
Perforations <u>2732-2831 w/17 shots (Yates)</u>						Depth Casing Shoe <u>3150</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>40.5 lb/ft</u>	<u>630</u>	<u>350 (circ)</u>				
<u>8 3/4</u>	<u>7 "</u>	<u>23.0 lb/ft</u>	<u>3150</u>	<u>600 (circ)</u>				

IV. 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 <u>95</u>	Length of Test <u>24 hours</u>	Bbls. Condensate/MMCF <u>-----</u>	Gravity of Condensate <u>-----</u>
Testing Method (pilot, back pr.) <u>Orifice Tester</u>	Tubing Pressure (Shut-in) <u>-----</u>	Casing Pressure (Shut-in) <u>SICP=126, FCP=102</u>	Choke Size <u>14/64</u>

I. 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. Norman
 (Signature)
 Engineer
 (Title)
February 26, 1982
 (Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 19 1982**, 19____
 ORIGINAL SIGNATURE
 BY JERRY SEYB
 DISTRICT ENGINEER

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepener 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 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.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

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MAR 01 1982

O.C.D.
HOUSE OFFICE