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LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
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
Effective 1-1-65

DEC 19 1980

O. C. C.
ARRESTA OFFICE

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:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Condensate Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	<u>South Empire State Com.</u>	Well No.	<u>1</u>	Pool Name, including Formation	<u>Empire Morrow, South</u>	Kind of Lease	<u>State</u>	Lease No.	<u>LG-6340</u>
Location	Unit Letter <u>M</u>	<u>800</u>	Feet From The	<u>South</u>	Line and	<u>1000</u>	Feet From The	<u>West</u>	
Line of Section	<u>24</u>	Township	<u>17-S</u>	Range	<u>28-E</u>	NMFM,	<u>Eddy</u>	County	

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	<u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent)	<u>P. O. Box 1187, Houston, Texas 77002</u>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	<u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent)	<u>P. O. Box 1384, Jal, New Mexico 88252</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>M-</u>	Sec. <u>24</u>	Twp. <u>17S</u>	Geo. <u>28E</u>	Is gas actually connected?	<u>NO YES</u>	When <u>31 December 29, 1980</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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spud of	<u>8-27-80</u>	Date Compl. Ready to Prod.	<u>12-15-80</u>	Total Depth	<u>10,750</u>	P.B.T.M.	<u>10,722</u>	
Elevations (DT, R&B, RT, GR, etc.)	<u>3681 G.L.</u>	Name of Producing Formation	<u>Morrow</u>	Top Oil/Gas Pay	<u>10,485</u>	Tubing Depth	<u>10,465</u>	
Perforations	<u>10,481-10,507 w/54 (Morrow)</u>	Depth Casing Shoe	<u>10,750</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17 1/2</u>	<u>13 3/8, 48 lb/ft</u>	<u>504</u>	<u>500 sx (circ)</u>
<u>12 1/4</u>	<u>8 5/8, 24 and 32</u>	<u>2502</u>	<u>1750 sx (circ)</u>
<u>7 7/8</u>	<u>5 1/2, 17 lb/ft</u>	<u>10,750</u>	<u>2190 sx (circ)</u>

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	<u></u>	Date of Test	<u></u>	Producing Method (Flow, pump, gas lift, etc.)	<u></u>
Length of Test	<u></u>	Tubing Pressure	<u></u>	Casing Pressure	<u></u>
Actual Prod. During Test	<u></u>	Oil-Bbls.	<u></u>	Water-Bbls.	<u></u>
				Gas-MCF	<u></u>

GAS WELL

Actual Prod. Test-MCF/D	<u>1870 MCFPD</u>	Length of Test	<u>7 hours</u>	Bbls. Condensate/MMCF	<u>36</u>	Gravity of Condensate	<u>55</u>
Testing Method (per. to A.P.)	<u>Orifice Tester</u>	Tubing Pressure (lb/in ²)	<u>1740</u>	Casing Pressure (lb/in ²)	<u>1830</u>	Choke Size	<u>10/64</u>

CERTIFICATE OF COMPLIANCE

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

Michelle Hernandez
Administrative Assistant
12-18-80

OIL CONSERVATION COMMISSION

APPROVED JAN 21 1981, 1981

BY W. A. Gressitt

TITLE SUPERVISOR, DISTRICT II

This form is to be filed in compliance with RULE 1004.

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 production on the well in accordance with RULE 1011.

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 of oil or gas change of condition.

Separate Form C-104 must be filed for each pool in multi-completed wells.