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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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-110
Effective 1-1-65

I. Operator
 Operator: Doyle Hartman
 Address: P. O. Box 10426, Midland, TX 79702
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of Oil Dry Gas
 Recompletion Oil Casinghead Gas Condensate
 Change in Ownership Operator

If change of ownership give name and address of previous operator: El Paso Natural Gas Co., 1800 Wilco Bldg, Midland, TX 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Wells Federal	Well No.: 11	Pool Name, including Formation: Jalmat (Gas) - Yates	Kind of Lease: State, Federal or Fee Federal	Lease No.: NM-14214
Location: Unit Letter N ; 430 Feet From The South Line and 2317 Feet From The West				
Line of Section 4 Township 25S Range 37E, NMPM, Lea County				

III. 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)
El Paso Natural Gas Company	P.O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes 3-11-59

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 frst'y.	Diff. Res'ty.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.

Effective 8-1-85

Michelle Semler
(Signature)
Administrative Assistant
(Title)
July 2, 1985
(Date)

OIL CONSERVATION COMMISSION

APPROVED 101 - 5 1985, 19

BY JEFFREY SEXTON
TITLE SENIOR INSPECTOR

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 tubulation of the casing 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 ownership, well name or number, or transporter, or other such change of condition.