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| LAND OFFICE | |
| TRANSPORTER | OIL GAS |
| OPERATOR | |
| PROBATION OFFICE | |

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Superseded by Old C-104 and C-1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) | | Other (Please explain) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of <input type="checkbox"/> | Oil <input type="checkbox"/> | Dry Gas <input type="checkbox"/> |
| Recompletion <input type="checkbox"/> | Cratinghead Gas <input type="checkbox"/> | Condensate <input type="checkbox"/> | |
| Change in Ownership <input type="checkbox"/> | | | |

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

| | | | | |
|------------------------------------|------------------------|---|--|------------------------------|
| Lease Name <u>Munn-Harrison</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>A</u> | <u>510</u> | Feet From The <u>North</u> | Line and <u>990</u> | Feet From The <u>East</u> |
| Line of Section <u>7</u> | Township <u>25S</u> | Range <u>37E</u> | NMPM, <u>Lea</u> | County |

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 Cratinghead 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. | Is gas actually connected? When |
| | <u>No</u> <u>February 15, 1982</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"/> | Surge Restv. <input type="checkbox"/> | Full Restv. <input type="checkbox"/> |
| Date Spudded <u>1-21-82</u> | Date Compl. Ready to Prod. <u>1-27-82</u> | Total Depth <u>3200</u> | P.B.T.D. <u>3194</u> | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) <u>3185 GL</u> | Name of Producing Formation <u>Yates</u> | Top Oil/Gas Pay <u>2856</u> | Tubing Depth <u>3069</u> | | | | | |
| Perforations <u>2856-2995 w/17 shots (Yates)</u> | Depth Casing Shoe <u>3200</u> | | | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---------------|---------------------------|--------------|-------------------|
| <u>12 1/4</u> | <u>9 5/8" 40.5 16/ft.</u> | <u>443'</u> | <u>225 (circ)</u> |
| <u>8 3/4</u> | <u>7 " 23.0 16/ft.</u> | <u>3200'</u> | <u>500 (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 | 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>351</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 = 128, FCP = 113</u> | Choke Size <u>24/64</u> |

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 A. Newman
 (Signature)
 Engineer
 (Title)
 2-10-82
 (Date)

OIL CONSERVATION COMMISSION
MAR 15 1982

APPROVED _____, 19____

BY JERRY S. [Signature]
 TITLE DISTRICT [Signature]

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 not solely for allowable on new and 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 conditions.