DISTRIBUTION		
SANTA FE		
FILE		
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-1
Effective 1-1-65

Operator

Doyle Hartman

Address

312 C & K Petroleum Bldg., Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

~~CASINGHEAD GAS MUST NOT BE FLARED AFTER 7-3-77 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.~~

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Fluor Harrison	1	Langlie Mattix	Fee	

Location

Unit Letter M : 660 Feet From The South Line and 660 Feet From The West

Line of Section 20 Township 24-S Range 37-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [X] or Condensate [ ]

General Petroleum Inc.

Address (Give address to which approved copy of this form is to be sent)

Box 840 Hobbs, New Mexico 88240

Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]

El Paso Natural Gas Co.

Address (Give address to which approved copy of this form is to be sent)

Box 1384, Jal, New Mexico 88252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	20	24-S	37-E	No	6/6/77

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4/11/77	5/4/77	3700	3640

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3281 GL	Seven Rivers-Queen	3352	3250

Perforations	Depth Casing Shoe
3352-3582 w/25 (Seven Rivers-Queen)	3697

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
11	8 5/8, 28#	429	235
7 7/8	4 1/2, 10.5#	3697	1525

TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
4/28/77	5/3/77	Flowing

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24	FTP=69	FCP=185	32/64

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	30	0	515

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

(Signature)

Title of Self-Fact Owner

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 8 1977

BY

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, it must be accompanied by a tabulation of the deviation 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 operator, well name or number, or transporter, or other such change of condition.