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

Operator Doyle Hartman

Address 508 C & K Petroleum Building; Midland, Texas 79701

Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of Oil <input type="checkbox"/>	Request for 2000 BBL testing allowable for October, 1977.
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 _____

DESCRIPTION OF WELL AND LEASE			
Lease Name <u>King Foundation et al</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Langlie Mattix (Queen)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>
Lease No. _____			
Location			
Unit Letter <u>E</u>	<u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u> Line		
Line of Section <u>20</u>	Township <u>24-S</u>	Range <u>37-E</u>	County <u>Lea</u>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>Permian Corporation</u>	<u>Box 1183; Houston, Texas 77001</u>		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
<u>El Paso Natural Gas Company</u>	<u>Box 1384; Jal, New Mexico 88252</u>		
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>20</u>	Twp. <u>24-S</u> Rge. <u>37-E</u>
			Is gas actually connected? <u>No</u> When <u>10-21-77</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 checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>	
Date Spudded <u>9-8-77</u>	Date Compl. Ready to Prod. <u>10-1-77</u>	Total Depth <u>3705</u>		P.B.T.D. <u>3688</u>						
Elevations (DF, RKB, RT, GR, etc.) <u>3294 G.L.</u>	Name of Producing Formation <u>Queen</u>	Top Oil/Gas Pay <u>3523</u>		Tubing Depth <u>3610</u>						
Perforations <u>3523-3602 w/10 (Queen)</u>				Depth Casing Shoe <u>3705</u>						

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE <u>12 1/4</u>	CASING & TUBING SIZE <u>8 5/8, 28#</u>	DEPTH SET <u>466</u>	SACKS CEMENT <u>300 sx</u>
<u>7 7/8</u>	<u>4 1/2, 10.5#</u>	<u>3705</u>	<u>1050 sx</u>

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
(Test must be after recovery of total volume of lead 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
Sealing Method (pilot, 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.

Doyle Hartman
 (Signature)
 Operator-Part Owner
 (Title)
 10-6-77

OIL CONSERVATION COMMISSION

APPROVED _____, 19____

BY James L. ...

TITLE SUPERVISOR DISTRICT 1

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and re-completed wells.

Fill out only Sections I, II, III, and VI for change of ownership, change of name or number, or transporter, or other such change of conditions.

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