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Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico iergy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III	Sa	inta re, New M	1exico 8/504-2	2088					
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWA	BLE AND AU	THORIZ	'ATION				
<u>I.</u>	TO TRA	ANSPORT OI	L AND NATU	RAL GA	S				
Operator					Well API No.				
Doyle Hartman			· · · · · · · · · · · · · · · · · · ·						
P. O. Box 10426	ό, Midland, Τε	exas 79702							
Reason(s) for Filing (Check proper box)			Crther (P	lease expla	in)				
New Well		Transporter of:							
Recompletion		XDry Gas	EFFECTIVE	1-1-90					
If change of operator give name	Casinghead Gas	Condensate						<del></del>	
and address of previous operator		·				·····		<del></del>	
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name	Well No.	Pool Name, Includ				nd of Lease Lease No. ate, Federal or Fee I C-031621(a)			
Britt A-6	2	Eunice-Mo	onument (G-S	SA)	State,	Federal or Fe	: IC-031	621(a)	
Location L	1980		South	660			West		
Unit Letter	_ : <u></u>	Feet From The	South Line and		Fe	et From The		Line	
Section 6 Townshi	ip 20-S	Range 37-E	E , NMPM	L L	ea			County	
					<del></del>	<del></del>		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORTER OF O	IL AND NATU							
Conoco, Inc.	or Conden	1 1	Address (Give add	tress to whi Tive	ch approved Suite	copy of this for	orm is to be se	ent) 79705	
Name of Authorized Transporter of Casin		or Dry Gas	Address (Give add						
	The war	o. 21, o	Nonices (Olive Date)	2 63 10 WILL	en approved	copy of this fo	orm is to be se	ini)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually con	nected?	When	?			
f this production is commingled with that	from any other lease or	pool, give comming	ling order number:				<del></del>		
V. COMPLETION DATA								<del></del>	
Designate Type of Completion	- (X)	Gas Well	New Well   Wo	orkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	l		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations									
						Depth Casing	z Shoe		
	TUBING.	CASING AND	CEMENTING I	RECORE		1	<del></del>		
HOLE SIZE			DEPTH SET			S	ACKS CEME	FNT	
			20. 111 001			SACKS SEINENT			
	ļ								
. TEST DATA AND REQUES	T FOR ALLOWA	RLE	L						
	ecovery of total volume of		be equal to or excee	d top allow	able for this	depth or he fo	or full 24 how	re)	
Date First New Oil Run To Tank	Date of Test		Producing Method				· / · · · · · ·		
ength of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Rhis		Water - Bbls.			Gas- MCF		
5	On - Dois.		Water - Bbis.			Uas- MICT			
GAS WELL	1		I	<del></del>		L			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/M	1MCF		Gravity of Co	ondensate		
	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
esting Method (pitot, back pr.)									
W OPER A TOP CT									
I. OPERATOR CERTIFICA				CONIC	SEDV/	TION E	אואפוט	ıNı	
I hereby certify that the rules and regula Division have been complied with and the	tions of the Oil Conserva	ation nabove	ll OIL	CONC		TION L	1141210	IN	
is true and complete for the best of my knowledge and belief.			Date Approved			JAN 1 1 1990			
11/	A101 T T .A.A.								
Signally CV	<u> </u>		    By						
Signature Michael Stewart	<u></u>	Engineer	Dy	— OR		GNED LY J		<del>FON</del>	
Printed Name		Title	Title		E CIU	HCT I SUPE	KAIZOK		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells

915/684-4011 Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.