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

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OSTRICT III OOO Rio Brazos Rd., Aztec, NM 87410	REQU	EST FOF	ÁLLO	BAWC	LE AND A	UTHORIZ	ATION				
TO TRANSPORT OIL AND NATURAL GA							Well API No.				
Operator Doyle Hartman							30-025-05972				
Address P. O. Box 10426,	Midland	, Texas	7970	12						<u>-</u> `	
Reason(s) for Filing (Check proper box)					Othe	r (Please explai	n)				
New Well		Change in Tr	ansporte	r of:							
Recompletion	Oil		ту Gas								
Change in Operator XX	Casinghead	Gas C	ondensat	e 📗	WELL	TA'D BY	UTP				
id address of previous operator	Jnion Tex		oleum	Corp	., P. O.	Box 2120), Houst	on, TX	77252-21	20	
I. DESCRIPTION OF WELI	L AND LEA	Well No. Pool Name, Including Formation					Kind of Lease Lease No.				
Lease Name Britt		1	Eunice Monument (Gbg-SA)					Federator Fee LC031621A			
Location F Unit Letter	198	0 F	eet From	The No	orth Line	and _1980	Fee	t From The	West	Line	
Section 7 Towns	thip 20S	ip 20S Range 37E				, NMPM, Lea			County		
II. DESIGNATION OF TRA		R OF OIL	AND	NATUI	RAL GAS						
Name of Authorized Transporter of Oil None		or Condensa	te _			e address so wh					
Name of Authorized Transporter of Cas None	inghead Gas or Dry Gas Addi					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec. T	[wp.	Rge.	Is gas actually	connected?	When	?			
f this production is commingled with the V. COMPLETION DATA	at from any oth	er lease or po	ol, give	commingl	ing order num	жг					
Designate Type of Completic	n - (Y)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded						Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations					<u> </u>			Depth Casing Shoe			
		TIBING C	TASINO	G AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
Hote oile	E SIZE OASING & TOURING CIZE										
		-		-							
V. TEST DATA AND REQU	EST FOR A	ALLOWA	BLE		1						
OIL WELL (Test must be after	er recovery of to	otal volume oj	f load oil	and musi	be equal to or	exceed top all	owable for thi	s depth or be	for full 24 hor	urs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pro	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF		
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)		Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF I hereby certify that the rules and re Division have been complied with a is true and complete to the board of re	ICATE Of the gulations of the and that the info	Oil Conserv	ation	CE	Date	OIL COI	 √SERV	ATION	DIVISION	NC	
MK	≤ 1	4									
					By_						

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

Signature Michael Stewart

Printed Name

4-2-91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

915/684-4011 Telephone No.

Engineer Title

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