

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

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Doyle Hartman	Well API No. 30-025-06005
Address P. O. Box 10426, Midland, Texas 79702	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Reentry of a P&A'd well Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> (Formerly Graham Royalty Ltd.-Laughlin #4) Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Britt-Laughlin Com	Well No. 4	Pool Name, including Formation Eumont (Y-7R-Qn) Gas	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 8 Township 20-S Range 37-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Surface Transportation	Address (Give address to which approved copy of this form is to be sent) 10 Desta Drive E., Ste. 550, Midland, TX 79705					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Doyle Hartman	Address (Give address to which approved copy of this form is to be sent) P. O. Box 10426, Midland, TX 79702					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 5	Twp. 20S	Rge. 37E	Is gas actually connected? Yes	When? 4-17-91

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XX		XX		XX		XX
Date of Reentry 3-17-91	Date Compl. Ready to Prod. 4-16-91		Total Depth 3890		P.B.T.D. 3602			
Elevations (DF, RKB, RT, GR, etc.) 3567 GL	Name of Producing Formation Queen-Penrose		Top Oil/Gas Pay 3233'		Tubing Depth 3550'			
Perforations 3233, 54, 75, 81, 3300, 06, 14, 21, 30, 38, 40, 43, 51, 53, 60, 63, 65, 82, 97, 3405, 24, 36, 39, 55, 62, 65 (26 total)					Depth Casing Shoe 3690' RGL			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/2	12-1/2		151		150 sx (circ)			
11-3/4	9-5/8		2400		400 sx			
8-3/4	7		3825		150 sx			
	5-1/2		3684		1700 sx (circ)			
			3550		--			

V. TEST DATA AND REQUEST FOR ALLOWABLE 2-3/8

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 Tank	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 320	Length of Test 24 hrs	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) --	Casing Pressure (Shut-in) SICP 268# FCP = 263#	Choke Size 16/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Patrick K. Worrell
Printed Name
Date
4-23-91
Title
915/684-4011
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
Title

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

- 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.
- 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.