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| FILE | | |
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| 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-11
Effective 1-1-65

| | |
|---|---|
| Operator Doyle Hartman | |
| Address 508 C & K Petroleum Bldg; Midland, Texas 79701 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| 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"/> |
| Other (Please explain) | |

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|--|------------------|
| Lease Name R. H. Huston, Jr. | Well No. 1 | Pool Name, Including Formation Eumont (Penrose) | Kind of Lease State, Federal or Fee | Lease No. Fee |
| Location | | | | |
| Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East | | | | |
| Line of Section 8 Township 19-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 type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| E1 Paso Natural Gas Co. | 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 |
| | | | | | No | May 12, 1978 |

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 Resrv. | Diff. Resrv. |
| | | X | X | | | | | |
| Date Spudded 4-11-78 | Date Compl. Ready to Prod. 4-28-78 | | Total Depth 4086 | | P.B.T.D. 4050 | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3684 G.L. | Name of Producing Formation Penrose | | Top Oil/Gas Pay 3577 | | Tubing Depth 3650 | | | |
| Perforations 3577-3739 w/18 (Penrose) | | | | | Depth Casing Shoe 4086 | | | |

| | | | |
|--------------------------------------|----------------------|-----------|--------------|
| TUBING, CASING, AND CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS-CEMENT |
| 12 1/4 | 8 5/8, 28# | 487 | 325 sx |
| 7 7/8 | 4 1/2, 10.5# & 11.6# | 4086 | 850 sx |

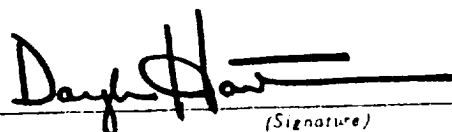
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To 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 390 | Length of Test 24 hrs. | Bbls. Condensate/MMCF --- | Gravity of Condensate --- |
| Testing Method (pilot, back pr.) Choke nipple | Tubing Pressure (Shut-in) FTP = 252 | Casing Pressure (Shut-in) FCP = 277 | Choke Size 16/64 |

VI. 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.

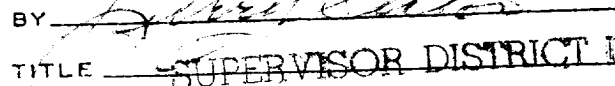

(Signature)

Operator - Part Owner

(Title)

4-28-78

OIL CONSERVATION COMMISSION
APPROVED MAY 22 1978, 19

BY 
TITLE SUPERVISOR DISTRICT I

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of the data tests taken on the well in accordance with RULE 1111.

All wells are required to file test completion data