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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-11
Effective 1-1-65

Operator Doyle Hartman		
Address P. O. Box 10426, Midland, Texas 79702		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE PLACED AFTER 7-20-80 EXCEPT IN EXCEPTION TO R4070 OBTAINED
Recompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		

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. 4	Pool Name, including Formation Eunice-Monument (Grayburg)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter P : 330 Feet From The South Line and 990 Feet From The East Line of Section 8 Township 19S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384, Jal, New Mexico 88252	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 8
	Twp. 19S	Rge. 37E
	Is gas actually connected? Yes	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 4-16-80	Date Compl. Ready to Prod. 5-26-80	Total Depth 4200	F.B.T.D. 4193					
Elevations (DF, RKB, RT, GR, etc.) 3678 G.L.	Name of Producing Formation Eunice-Monument (Grayburg)	Top Oil/Gas Pay 3943	Tubing Depth 4120					
Perforations 3943-4059 w/17 (Grayburg)			Depth Casing Shoe 4200					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	428	300 (Circ 100)					
7 7/8	5 1/2	4200	960 (Circ 191)					
	2 3/8	4120						

V. TEST DATA AND REQUEST FOR ALLOWABLE (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 5-20-80	Date of Test 5-26-80	Producing Method (Ficu, pump, gas lift, etc.) Pumping (10 x 54 x 1 1/4)	
Length of Test 24 hours	Tubing Pressure 156	Casing Pressure 156	Choke Size 14/64
Actual Prod. During Test	Oil-Bbls. 17	Water-Bbls. 20	Gas-MCF 250

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (autor, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Michelle Hernandez
(Signature)

Administrative Assistant
(Title)

May 27, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 1980

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 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 allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.