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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-110
Effective 1-1-65

Operator Doyle Hartman	
Address Post Office 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:
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"/>

If change of ownership give name
and address of previous owner _____

Lease Name State "28"		Well No. 1	Pool Name, Including Formation Eumont (Gas)-Penrose	Kind of Lease State, Federal or Fee State	Lease No. A-3071
Location					
Unit Letter 0	Feet From The 660	South	Line and 2180	Feet From The East	
Line of Section 28	Township 19-S	Range 37-E	NMPM,	Lea	County

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)			
Northern Natural Gas Co.		Suite 400 Commercial Bank Bldg, Midland, TX 79701			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When
					No ASAP

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			X	X					
Date Spudded 6-27-83	Date Compl. Ready to Prod. 7-14-83	Total Depth 3950		P.B.T.D. 3931					
Elevations (DF, RKB, RT, GR, etc.) 3579 GL	Name of Producing Formation Penrose	Top Oil/Gas Pay 3620		Tubing Depth 3831 RKB					
Perforations 3620-3738 w/20 (Eumont-Penrose)				Depth Casing Shoe 3950					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8		413		400 (circ)				
8-3/4	7		3950		2025 (circ)				

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 190	Length of Test 24 hours	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) Orifice Tester	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) FCP= 205 SICP= 262	Choke Size 12/64

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED <u>AUG 3 1983</u> , 19____	
BY <u>Michelle Amador</u> (Signature) <u>Administrative Assistant</u> (Title) <u>July 18, 1983</u> (Date)		BY <u>ORIGINAL SIGNED BY PERRY SEXTON</u> DISTRICT I SUPERVISOR TITLE _____	
		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 deviation 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 conditions. Separate Forms C-104 must be filed for each pool in multiply completed wells.	

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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