Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7.200	OTRA	NSF	ORT OI	L AND NA	TURAL GA	AS				
Operator								II API No.			
Doyle Hartman						30-025-31105					
Address											
P. O. Box 10426, Mic	lland, T	exas 7	9702	2							
Reason(s) for Filing (Check proper box)			_		U Oth	er (Please expla	iin)				
New Well XX		Change in	•		•						
Recompletion	Oil Carir aband		Dry C	ensate							
If change of operator give name	Casinghead	Gas	Cond	ensate [_]							
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Includi					ling Formation	ng Formation Kind o			f Lease No.		
Britt Laughlin Com					-7R-Qn) Pro Gas						
Location					•	•			<del>,                                     </del>		
Unit LetterI	:18	60	Feet 1	From The	South Lin	e and760	Fe	et From The	East	Line	
Section 5 Towns	ip 20-	S	Rang	e 3	7-E , N	МРМ,	Lea			County	
THE PROTONLESS OF THE LA	van on may										
III. DESIGNATION OF TRAI Name of Authorized Transporter of Oil		or Conder				n add 1- : 1		annu of this f	orm in to L.	()	
None		or Conder	18210	XX	Address (GIV	ve address to wh	ucn approvea	copy of this fe	orm is to be se	ni)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Doyle Hartman						Address (Give address to which approved copy of this form is to be sent) P. O. Box 10426, Midland, Texas 79702					
well produces oil or liquids, Unit Sec. Twp. Rge				<del></del>	y connected?	When	· · · · · · · · · · · · · · · · · · ·				
give location of tanks.	I	5	208		Yes	=	1	1-21-	·91		
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or	pool, g	rive comming	gling order num	ber:					
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)		i	XX	I XX	I Workerer	l Despen	I lug Duck	Carrie Res	i l	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	<del></del>		P.B.T.D.	1		
12-26-90	1-1	1-14-91			1 3	3766'			3690'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
3559.3 GR Queen-Penrose					3	3224'			3610'		
Perforations 3224 - 3489									Depth Casing Shoe 3765		
					CEMENTI	CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
12-1/4"	9-5/8	9-5/8"			4631	463 ' RKB			350 sx circ		
8-3/4"	7"				3765	3765' RKB			950 sx circ		
	2-3/8"			3610'							
We will be the trackle	COR FOR A	t t OIV									
V. TEST DATA AND REQUE											
						be equal to or exceed top allowable for this depth or be for full 24 hours.)					
Date Flist New On Rull 10 Talls	Date of les	Date of Test				Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL								L			
Actual Prod. Test - MCF/D	Length of 7	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
190	1	24 hours				0			0		
Testing Method (pitot, back pr.)	,	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					
Pitot		FCP = 109				SICP = 273			18/64		
VI. OPERATOR CERTIFIC	CATE OF	COMF	LIA	NCE		OII OO:	10	A T'011	DN 4015		
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved					
is the and complete to the best of my	vnowiedse au	u bellel.			Date	Approve	d	<u> </u>	\$		
M					- 11						
Signature			<del></del>		∥ Ву_	e <sub>i</sub> , w	 	<del> </del>	بۇر . مۇر	<del></del>	
Michael Stewart		Engine						24 8 7 M 3 A			
Printed Name	015/	601 10	Title		Title	-					
1-29-91 Date	915/	684-40	11	No							

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.