DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Doyle Hartman

Address
Post Office Box 10426, Midland, Texas 79702

Reason(s) for filing (Check proper box)

		Change in Transporter of:		Other (Please explain)
New Well	☐	Oil ☐	Dry Gas ☐	Change to be effective September 1, 1984
Recompletion	☐	Casinghead Gas ☐	Condensate ☐	
Change in Ownership	☒			

If change of ownership give name and address of previous owner
Sun Exploration and Production Company
P. O. Box 1861, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
H. S. Record	2	Jalmat (Oil) Tansill Yates Seven Rivers	State, Federal or Fee Fee	

Location

Unit Letter E ; 1980 Feet From The North Line and 660 Feet From The West

Line of Section 22 Township 22S Range 36E , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Texas-New Mexico Pipe Line Company

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1510, Midland, Texas 79702

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐
Petro-Lewis Corporation

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 2240, Denver, Colorado 80201

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	22	22	36	Yes	10-1-68

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

IV. COMPLETION DATA

		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'
Designate Type of Completion — (X)							P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.			Total Depth					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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)

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-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 Simcuse for
(Signature)

Engineer
(Title)

September 7, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED **SEP 14 1984** , 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT 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 deeper 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 condition.

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