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FILE  
U.S.G.S.  
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  
Post Office Box 10426, Midland, Texas 79702  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Change to be effective  
September 1, 1984  
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  
Della B. Boren  
Well No.  
4  
Pool Name, including Formation  
Eunice Seven Rivers, Quns South  
Kind of Lease  
State, Federal or Fee  
Fee  
Lease No.  
Location  
Unit Letter  
G  
1980  
Feet From The  
North  
Line and  
1980  
Feet From The  
East  
Line of Section  
20  
Township  
22S  
Range  
36E  
NMPM,  
Lea  
County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
The 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 ☒ 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  
B  
Sec.  
20  
Twp.  
22  
Rge.  
36  
Is gas actually connected?  
Yes  
When  
2-9-78

IV. COMPLETION DATA  
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 Restv. ☐ Diff. Restv. ☐  
Date Spudded  
Date Compl. Ready to Prod.  
Total Depth  
P.B.T.D.  
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 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  
Length of Test  
Bbls. Condensate/L-MCF  
Gravity of Condensate  
Testing Method (pilot, 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 Hernandez  
Engineer  
September 7, 1984

OIL CONSERVATION COMMISSION  
APPROVED  
SEP 14 1984  
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 all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.

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SEP 13 1984

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HONORARY OFFICE