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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

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-65

Operator Doyle Hartman,	
Address 508 C & K Petroleum Bldg; Midland, Texas 79701	
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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf-Greer	Well No. 1	Pool Name, Including Formation Jalmat (Seven Rivers)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter L	1980	Feet From The South	Line and 990	Feet From The West
Line of Section 21	Township 22-S	Range 36-E	NMPM, Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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.	Box 2300; Midland, Texas 79701		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? No	When 5-26-78

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

V. COMPLETION DATA

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 4-1-78	Date Compl. Ready to Prod. 5-20-78	Total Depth 3651	P.B.T.D. 3623					
Elevations (DF, RKB, RT, GR, etc.) 3536 G.L.	Name of Producing Formation Seven Rivers	Top Oil/Gas Pay 3479	Tubing Depth 3594					
Perforations 3479-3585 W/14 (Seven Rivers)			Depth Casing Shoe 3651					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8, 28#	475	325 sx					
7 7/8	4 1/2, 10.5#	3651	950 sx					

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)

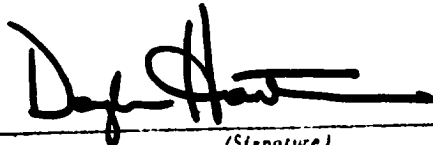
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 651	Length of Test 12 hrs.	Bble. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.) Choke nipple	Tubing Pressure (Shut-in) SITP = 243 psi	Casing Pressure (Shut-in) SICP = 243 psi	Choke Size 32/64

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.



Operator - Part Owner

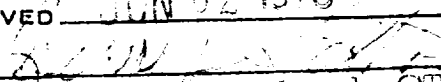
5-23-78

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 22 1978, 19\_\_\_\_\_  
BY   
TITLE SUPERVISOR, DISTRICT 1

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 all wells except in the case of a plugged well.

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