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Appropriate District Office
DISTRICT I
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 II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Doyle Hartman Oil Operator	Well API No. 30-025-26588
Address P.O. Box 10426 Midland, Tx 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name A.B. Reeves	Well No. 6	Pool Name, including Formation Eumont (Y-7R-QN Pro Gas)	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter A : 660 Feet From The North Line and 610 Feet From The East Line				
Section 29 Township 20S Range 37E , NMPM , Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> EOTT Energy Pipeline Limited Partnership	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666 Houston, Tx 77210-4666	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 29
	Twp. 20S	Rge. 37E
Is gas actually connected?		When ?

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

OPER. GRID NO. **6473**

PROPERTY NO. **5059**

POOL CODE **76480**

EFF. DATE

API NO. **30-025-26588**

Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
pl. Ready to Prod.		Total Depth		P.B.T.D.			
Producing Formation		Top Oil/Gas Pay		Tubing Depth			
				Depth Casing Shoe			

OIL POD **1070110**

TRANSPORTER **37430**

TRANSPORTER

GAS POD **1070130**

TRANSPORTER **6464**

TRANSPORTER

WATER POD **1070150**

CEMENTING RECORD

DEPTH SET	SACKS CEMENT

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.)

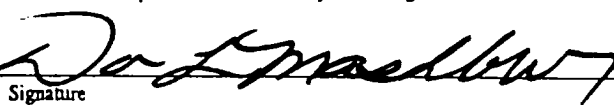
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature 
Don L. Mashburn Engineer
Printed Name Title
12-19-94 (915) 684-4011
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **12-19-94**

By

Title

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.