

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Doyle Hartman		Well API No. 30-025-30613
Address Post Office Box 10426, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 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 Turner State	Well No. 3	Pool Name, Including Formation Eumont (Gas) <i>Y-SR-QW</i>	Kind of Lease State, Federal or Fee	Lease No. B-1463
Location				
Unit Letter <i>F</i> : 1980 Feet From The <i>North</i> Line and 1980 Feet From The <i>West</i> Line				
Section 32 Township 20-South Range 37-East, 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 Company		Post Office Box 2267, Midland, TX 79702
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When?	
	NO	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well XXX	New Well XXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 7-31-89	Date Compl. Ready to Prod. 8-10-89		Total Depth 3772		P.B.T.D. 3721			
Elevations (DF, RKB, RT, GR, etc.) 3532.4 G. L.	Name of Producing Formation 7 Riv-Queen-Penrose		Top Oil/Gas Pay 3330		Tubing Depth 3686			
Perforations 3330-3569 w/23 shots					Depth Casing Shoe 3721			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	9 5/8, 36 & 40 #/ft		465		250 sx (circ)			
8 3/4	7 23 #/ft		3671		650 sx (circ)			
	2 3/8		3686					

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 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 229	Length of Test 24 hours	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Orifice Tester	Tubing Pressure (Shut-in) FTP= 96 psi	Casing Pressure (Shut-in) SICP= 116 psi	Choke Size 20/64

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.

Michelle Wilcox
Signature: Michelle Wilcox Administrative Asst.
Printed Name: 8-14-89 Title
Date: (915) 684-4011 Telephone No.

OIL CONSERVATION DIVISION

Date Approved **JAN 19 1990**
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
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.

RECEIVED

AUG 15 1989

OCD
HQBBS OFFICE

RECEIVED

AUG 15 1989

OCD
HQBBS OFFICE