

OIL CONSERVATION DIVISION

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|--|------------------------------|
| Operator Doyle Hartman | Well API No. 30-025-30849 |
| Address P. O. Box 10426, Midland, Texas 79702 | |
| Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Change in Transporter of: Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <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 Hansen State | Well No. 7 | Pool Name, including Formation Eumont (Y-7R-Qn) | Kind of Lease State, Federal or Fee | Lease No. A-3071 |
| Location Unit Letter B : 900 Feet From The North Line and 1980 Feet From The East Line Section 16 Township 20S Range 37E, 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. | 11525 Carlsbad Highway, Hobbs, NM 88240 | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
| | | | | | No | ASAP WOPL |

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 | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v |
| | | XX | XX | | | | | |
| Date Spudded 3-29-90 | Date Compl. Ready to Prod. 4-13-90 | Total Depth 3822' RKB | | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3542.6 GR | Name of Producing Formation Queen-Penrose | Top Oil/Gas Pay 3267' | | Tubing Depth 3695' RKB | | | | |
| Perforations 3267-3493 | | | | | Depth Casing Shoe 3821 | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUEING SIZE | DEPTH SET | | SACKS CEMENT | | | | |
| 17-1/2 | 13-3/8" | 465 RKB | | 550 sx (circ.) | | | | |
| 8-3/4 | 7" | 3821 RKB | | 1090 sx (circ.) | | | | |

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 241 | Length of Test 24 hrs | Bbls. Condensate/MMCF -- | Gravity of Condensate -- |
| Testing Method (pilot, back pr.) Pitot | Tubing Pressure (Shut-in) FCP = 70 | Casing Pressure (Shut-in) 220 | Choke Size 28/64 |

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.

Signature
Michael Stewart
Engineer
Printed Name
4-17-90
Date
915/684-4011
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 29 1990

By

Title

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

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