

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

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

## OIL CONSERVATION DIVISION

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. 30-025-30619
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 State "E" Com	Well No. 4	Pool Name, Including Formation Eumont (Gas)	Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee	Lease No. B-1889
Location Unit Letter 0 : 990 Feet From The South Line and 1960 Feet From The East Line Section 16 Township 21-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 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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 8-9-89	Date Compl. Ready to Prod. 8-20-89	Total Depth 3860		P.B.T.D. 3822				
Elevations (DF, RKB, RT, GR, etc.) 3616 G.L. (3632 RKB)	Name of Producing Formation Yates-Seven Rivers-Queen	Top Oil/Gas Pay 3096		Tubing Depth 3542				
Perforations 3096 - 3657 w/24 holes				Depth Casing Shoe 3822				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8"-36, 9-5/8"-40		460		225 (circulate)			
8-3/4	7"-23		3864		800 (circulate)			
	2-3/8"		3542					

### 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 337	Length of Test 24 hours	Bbls. Condensate/MMCF --	Gravity of Condensate --
Testing Method (pilot, back pr.) Orifice Tester	Tubing Pressure (Shut-in) FTP = 250	Casing Pressure (Shut-in) FCP = 258 (SICP=336)	Choke Size 12/64

### 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 Assistant  
Printed Name  
8-22-89 Title  
915/684-4011  
Date Telephone No.

### OIL CONSERVATION DIVISION

Date Approved JAN 05 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 23 1969

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