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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, Nim 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 IU 1000 Rio Brazos Rd., Azicc, NM 87410

DISTRICTUI P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TOTRA	NSP	ORTOIL	AND NA	TURAL GA		Wali A	DI No				
Operator Doyle Hartman	Well API No. 30-025-31117												
Address													
P. O. Box 10426	, Midla	and, To	exas	79702		er (Please expl	ain1						
Reason(s) for Filing (Check proper box) New Well XX		Change in	Transpo	orter of:		er (Frease expu	auri)						
Recompletion													
Change in Operator													
If change of operator give name and address of previous operator													
	ANDIE	A SE											
II. DESCRIPTION OF WELL AND LEASE Lease liame Well No. Pool Name, Including									Kind of Lease No.				
State "A" Com	-7R-Qn)			State,	PENEZY NYPE	X B-245 A-135	6, B-1673						
Location					. •	0.4	_			_			
Unit LetterQ	:16	50	Feet Fi	rom The So	outh Lin	e and84	5	Fe	et From The _	<u>East</u>	Line		
Section 5 Townshi	p 21	-s	Range	36-E	, NI	мрм,	Lea				County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS								
Name of Authorized Transporter of Oil None	lame of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX						Address (Give address to which approved copy of this form is to be sent)							
Doyle Hartman					P. O. Box 10426, Midla								
If well produces oil or liquids, give location of tanks.		Unit Sec. Twp. Rge. Is : 0 5 21S 36E				Is gas actually connected? When				ASAP			
If this production is commingied with that		her lease or	1										
IV. COMPLETION DATA					- ,	,			·				
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	i .	Workover	Dee	pen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		pl. Ready to	o Prod.	XX	Total Depth	J	1		P.B.T.D.	L			
1-5-91	1-21-91				3900'				3859'				
Elevations (DF, RKB, RT, GR, etc.)	· · · · · · · · · · · · · · · · · · ·				1 -	Top Oil/Gas Pay 3357				Tubing Depth 3648 '			
3586.2 GR Queen Penrose						5/	-		Depth Casing Shoe				
3557 - 3582.5' w/27 shots						3900'							
TUBING, CASING AND						CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
12-1/4"	9-5/8"				494'				375 sx circ				
8-3/4"	/"				3900'				1500 sx circ				
	-												
V. TEST DATA AND REQUE													
OIL WELL (Test must be after)			of load	oil and must						for full 24 hou	urs.)		
Date First New Oil Run To Tank	Date of Te	est			Producing M	lethod (Flow, p	штр, да	is lýt, i	elc.)				
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Langua or real	Tuoing 11	Tuoning Treasure											
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF				
CACAMELL	<u> </u>				1				1				
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbis. Conde	Bbls. Condensate/MMCF				Gravity of Condensate			
448	36 hrs				0				0				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
Pitot	FCP = 23 psig				SICP = 267 psig				64	64/64			
VI. OPERATOR CERTIFIC				NCE	11 .		NSE	RV	ΔΤΙΟΝ	DIVISIO	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.						JUN 1 2 1991							
						Date Approved							
Mich						By A MONTH SHOPE BY JERRY SEY							
Signature Michael Stewart Engineer						Supervisor Supervisor							
Printed Name Title 1-30-91 915/684-4011						Title							
1-30-91 Date		915/68 Tel	4-40. lephone	No.									

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.