Submit 5 Copies
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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210		Box 2088	
DISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410		Mexico 87504-2088	60508
		ABLE AND AUTHORIZATION IL AND NATURAL GAS	
Operator	10 110 110 0111 01	Well	API No.
Doyle Hartman			
Address P. O. Box 10426 Mi	dland, Texas 79702		
Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of: Oil Dry Gas	Change in Transporter	effective
Recompletion \square	Casinghead Gas Condensate	November 1, 1991	
change of operator give name and address of previous operator			
I. DESCRIPTION OF WELL	AND LEASE		
Lease Name	Well No. Pool Name, Inclu		of Lease No. Lease No.
H. E. Esmond A	2 Jalmat	(T-Y-7R)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Location Unit Letter H	. 1980 Feet From The	North Line and 990	Feet From TheLine
			County
Section 33 Townshi	p 22S Range 36E	, NMPM, Lea	County
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NAT	URAL GAS Address (Give address to which approve	ed conv of this form is to be sent)
Name of Authorized Transporter of Oil	or Condensate	Address (Olve address to which approve	a copy of this form is to be seen,
Name of Authorized Transporter of Casin	ghead Gas or Dry Gas X	Address (Give address to which approve	ed copy of this form is to be sent)
Sid Richardson Carbon	Gasoline Company 3/1/	201 Main Street, Fort	en?
If well produces oil or liquids, give location of tanks.			
If this production is commingled with that	from any other lease que commit	DSON GASOLINE CO E	A 1.100
IV. COMPLETION DATA		 , ,,,,	The second secon
Designate Type of Completion		i i i	Ting Back Same Acc Pin Inc
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			Deput Casing Shoe
	TUBING, CASING AN	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
THE PROPERTY AND DECLIE	ECT FOR ALLOWARIE		
V. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of total volume of load oil and n	nust 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 li	ft, etc.)
Lunch of Tord	Tubing Pressure	Casing Pressure	Choke Size
Length of Test	Tuoing Tressure		
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
Notati 110th 10th 11th			C. d. C.
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
THE OPEN ATON CENTRE	CATE OF COMPLIANCE		
VI. OPERATOR CERTIFIE I hereby certify that the rules and reg		OIL CONSEP	RVATION DIVISION
Division have been complied with ar	nd that the information given above		NUV 2 7 1991
is true and complete to the best of m	Anowieuge and better.	Date Approved	
Taunt K. Wme	el	By ORIGINAL SIGNAL	NY JETRY SEXTON
Signature Patrick K. Worrell	Engineer	DISTRICT I	MPLATICAL.
Printed Name	Title	Title	A.A.

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

FOR

RECORD

2) All sections of this form must be filled out for allowable on new and recompleted wells.

915-684-4011

Telephone No.

- 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.