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

State of New Mexico gy, Minerals and Natural Resources Departm

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

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CONSERVATION DIVISION

Operator Doyle Hartman	•		101 0111 011				API No.			
Address P. O. Box 10426, Midland, Texas 79702										
Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of:										
Recompletion \square Oil \square Dry Gas \square Change in Ownership effective $6-1-90$										
If change of operator give name and address of previous operator Parker and Parsley P. O. Box 3178, Midland, Texas 79702 Parker and Parsley P. O. Box 3178, Midland, Texas 79702										
II. DESCRIPTION OF WELL AND LEASE										
E. F. King	Well No. Pool Name, Including 3 Langlie Mat				Qn-Gbg)		Lease No.			
Unit Letter P : 660 Feet From The South Line and 2310 Feet From The Fast Line										
Section 12 Township	23S	R	tange 36E	, NI	ирм,	Lea			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil					Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas (XX) or Dry Gas (Box 2528, Hobbs, New Mexico 88240 Address (Give address to which approved copy of this form is to be sent)					
Texaco Producing, Inc. [well produces oil or liquids, Unit Sec. Twp. Rge.						sa, Okl When	ahoma 74102			
give location of tanks.	1 12 23S 36E				comeden	:	1av. 1962			
If this production is commingled with that f IV. COMPLETION DATA	rom any other	r lease or po	ol, give comming	ling order numb	er:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	. Ready to P	rod.	Total Depth			P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations				<u> </u>				Depth Casing Shoe		
TURING CASING AND				CEMENTIN	IC DECOD		<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							 			
Y mrom b . m										
V. TEST DATA AND REQUES OIL WELL (Test must be after re				he equal to or	exceed top allo	umble for this	e denih ar he	for full 24 hour	-c)	
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 - Bbis.			Gas- MCF			
Action Flow During Fost	Oil - Bois.			Water - Dois.						
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have then complied with and that the information given above is true and complete to the pest/of muchan-ladge and belief				OIL CONSERVATION DIVISION Date Approved						
Signature				By ORIGINAL SKNASS BY JERRY SCREEN BY SERVICE STREET						
Michael Stewart Engineer Printed Name Title						\$1. \$1° \$1.	4 1 ANTE		_	
7-13-90 Date		915/684 Teleph	4-4011 one No.	, me						

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

JUL 1 8 1990

OCO HOBBS OFFICE