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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

I. Operator: **Doyle Hartman, Oil Operator**

Address: **P. O. Box 10426, Midland, Texas 79702**

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Change in Ownership <input checked="" type="checkbox"/>			

If change of ownership give name and address of previous owner: **El Paso Natural Gas Company 1800 Wilco Building Midland, Texas 79702**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Shell State</b>	Well No., Part Name, Including Formation <b>2 Jalmat (Gas)</b>	Kind of Lease State, Federal or Free <b>State</b>	Lease No.
Location Unit Letter <b>P</b> ; <b>660</b> Feet From The <b>East</b> Line and <b>660</b> Feet From The <b>South</b>			
Line of Section <b>13</b> Township <b>23-S</b> Range <b>36-E</b> , NMPM, <b>Lea</b> 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)
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 1384 Jal, New Mexico 88230</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<b>yes 5-1954</b>

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'ty.	Diff. Res'ty.
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		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		

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 oil flow for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Brine	Water-Brine	Gas-MCF

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/WCF	Gravity of Condensate
Testing Method (flow, back flow)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Larry A. Norman*  
(Signature)  
**Engineer**  
(Title)  
**September 30, 1981**  
(Date)

OIL CONSERVATION COMMISSION

**OCT 2 1981**

APPROVED \_\_\_\_\_, 19\_\_

Orig. Signed By  
**Jerry Sexton**  
Dist. L. Super.

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation logs taken on this well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and re-completed wells.

Fill out only sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of conditions.

Separate Form C-104 must be filed for each pool in multi-completed wells.