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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
REGISTRATION OFFICE		

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

Form C-104
Superseding Old C-104 and C-11
Effective 1-1-65

I.

Operator Doyle Hartman	
Address 508 C & K Petroleum Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well ☒	Change In Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change In Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (If cause explain)	
If change of ownership give name and address of previous owner	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Highland State	Well No. 1	Pool Name, including Formation Jalmat (Yates)	Kind of Lease State, Federal or Fee State	Lease No. B-1167
Location				
Unit Letter J	1650	Feet From The South	Line and 1980	Feet From The East
Line of Section 16	Township 23-S	Range 36-E	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name 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 ☒	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	Box 1384, Jal, New Mexico 88252	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	No	7-22-78

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 hole	Dist. hole
		X	X					
Date Spudded 6-12-78	Date Compl. Ready to Prod. 7-16-78	Total Depth 3450	P.B.T.D. 3278					
Elevations (DF, RKB, RT, GR, etc.) 3424 G. L.	Name of Producing Formation Yates	Top Oil/Gas Pay 3115	Tubing Depth 3150					
Perforations 3115 - 3225 w/16 (Yates)	Depth Casing Shoe 3450							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8; 23#	437	325 SX
7 7/8	5 1/2; 14#	3450	650 SX

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)

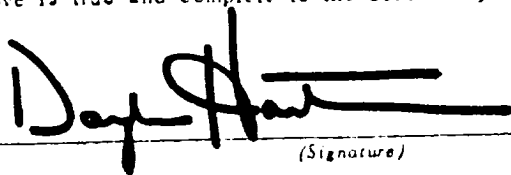
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 477	Length of Test 24 hrs	Bbls. Condensate/MCF Dry Gas	Gravity of Condensate ---
Testing Method (pilot, back pr.) choke nipple	Tubing Pressure (shut-in) FTP= 35 psi	Casing Pressure (shut-in) RCP= 136 psi	Choke Size 40/64

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.



Operator-Part Owner

(Title)

7-17-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED

AUG 28 1978

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BY


TITLE SUPERVISOR DISTRICT I

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 tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and deepened wells.

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