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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Doyle Hartman		Well API No. 30-025-30649
Address P. O. Box 10426, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Show Gas Connection Date
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name A. L. Christmas	Well No. 1	Pool Name, Including Formation Eumont (Gas) Y-SR-QN	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>460</u> Feet From The <u>West</u> Line				
Section <u>18</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> 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)					
Northern Natural Gas Co. P. O. Box 1188, Houston, TX 77251-1188						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					Yes	1-3-90

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'v	Diff Res'v
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 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 - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Michael Stewart
Signature
Michael Stewart
Printed Name
1-3-90
Date
Engineer
Title
915/684-4011
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 05 1990
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

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.

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

OIL CONSERVATION DIVISION

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Santa Fe, New Mexico 87504-2088

DISTRICT III
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REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Doyle Hartman		Well API No. 30-025-30649
Address P. O. Box 10426, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name A. L. Christmas	Well No. 1	Pool Name, Including Formation Eumont (Gas)	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location Unit Letter <u>D</u> : <u>990</u> Feet From The <u>North</u> Line and <u>460</u> Feet From The <u>West</u> Line Section <u>18</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Permian Corporation	P.O. Box 1183, Houston, TX 77251-1183	
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)	
Northern Natural Gas Co.	P.O. Box 1188, Houston, TX 77251	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>18</u> Twp. <u>22-S</u> Rge. <u>37-E</u>	Is gas actually connected? <input type="checkbox"/> When? <u>30 days</u>

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 <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10-12-89	Date Compl. Ready to Prod. 11-3-89		Total Depth 3800'		P.B.T.D. 3779' RKB			
Elevations (DF, RKB, RT, GR, etc.) 3450.5' RKB	Name of Producing Formation Queen (Penrose)		Top Oil/Gas Pay 3450		Tubing Depth 3685			
Perforations 3450-3576 w/21 shots					Depth Casing Shoe 3798			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	9-5/8", 36 lb/ft		432'		350 sx (circ)			
8-3/4	7", 20 lb/ft, 23 lb/ft,		3788'		1197 sx (circ)			
	26 lb/ft							

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 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 - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 219 MCFPD	Length of Test 4 hours	Bbls. Condensate/MMCF 0.5 BPD	Gravity of Condensate ---
Testing Method (pilot, back pr.) Orifice Tester	Tubing Pressure (Shut-in) --	Casing Pressure (Shut-in) 169	Choke Size 16/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

Michael Stewart
Signature
Michael Stewart
Printed Name
11-3-89
Date
Engineer
Title
915/684-4011
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 05 1990
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
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