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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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		TO TRA	NSPORT O	IL AND NA	TURAL G	AS					
Operator Doyle Hartman							API No.				
Address			<del></del>				<del>-025-306</del>	49			
P. O. Box 10426	, Midlar	nd, Tex	as 79702								
Reason(s) for Filing (Check proper box)  New Well		Change in	Transporter of:	XX Ou	net (Please expi	lain)					
Recompletion	Oil		Dry Gas	Shor	a Gas Cor	nection	Data				
Change in Operator	Casinghea	_	Condensate	BHOV	Show Gas Connection Date						
f change of operator give name and address of previous operator							·				
• •	ANDIE	CE									
Lease Name	IPTION OF WELL AND LEASE  Well No.   Pool Name, Including I						of Lease \( \) Lease No.				
A. L. Christmas		1	Eumont (	_	R-ON		e, Federal or Fee				
Location											
Unit LetterD	_ : <u> 990</u>	)	Feet From The	North Lin	e and46	6() F	eet From The _	West	Line		
Section 18 Townshi	p 22-	·S	Range 37-1	E , N	МРМ,	Le	a		County		
II. DESIGNATION OF TRAN	ISPORTE!	R OF OI	L AND NATI	TRAL GAS							
Name of Authorized Transporter of Oil		or Condens			ve address to w	hich approved	l copy of this fo	rm is to be se	ent)		
Name of Authorized Transporter of Casin		_	or Dry Gas XX	Address (Give address to which approved copy of this form is to be sent)							
Northern Natural				<del></del>	lox 1188,			<u> 251–118</u>	8		
If well produces oil or liquids, jive location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? W				When	en ? 1-3-90					
this production is commingled with that	from any other	er lease or p	ool, give comming		<del></del>		1-3-9	0			
V. 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	1	<u> </u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing For	mation	Top Oil/Gas	Pay		Tubing Depth				
Perforations	1						Depth Casing	Shoe			
	т	URING (	CASING AND	CEMENT	NG RECOR	<u> </u>					
HOLE SIZE	7	ING & TUE		CEIVIEIVII	DEPTH SET			SACKS CEMENT			
								<del></del>			
							<u> </u>		<del> /</del>		
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	<del></del>			<u></u>				
OLL WELL (Test must be after red tate First New Oil Run To Tank		<del>-</del>	f load oil and mus	<del></del>	<u> </u>			r full 24 hou	·s.)		
rate First New Oil Rull 10 Tallk	Date of Test			Producing M	ethod (Flow, pu	mp, gas iyi, e	ic.)				
ength of Test	Tubing Pressure			Casing Pressa	ıre	Choke Size					
			<u> </u>				Gas- MCF				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	Water - Bbis.			Gas- MCF			
GAS WELL	1			_1			<u> </u>	-			
JAS WELL  Actual Prod. Test - MCF/D	Length of T	est		Bbls. Conden	sate/MMCF		Gravity of Co	ndensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Press.	Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFIC	ATE OF	COMPL	JANCE		NI 00:		·				
I hereby certify that the rules and regula	tions of the C	Dil Conserva	tion		DIL CON	ISERV/					
Division have been complied with and t is true and complete to the best of my k			above	Date	Approved	d	JAN 0	5 1990	<u>)</u>		
muchael St	ewart	t/		By_	• •	INAL SIGN	IED BY JER	RY SEXTO	Ŋ		
Signature Michael Stewart		$i\omega$	Engineer	Dy _		DISTRIC	r i supervi	15 <del>. JK</del>			
Printed Name			Title	Title							
1-3-90 Date			584-4011 none No.								

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 Pule 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.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

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

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

I.		FOR ALLOW ANSPORT (								
Operator	TOTAL C	Well API No.								
Doyle Hartman			30-025-30649							
Address				<del></del> -						
P. O. Box 10426, Mid		702								
Reason(s) for Filing (Check proper bo				ner (Please exp	lain)					
New Well XX	_	in Transporter of:	- ·							
Recompletion	Oil _	J Dry Gas L	_ <del>-</del> n							
If change of operator give name	Casinghead Gas /	Condensate	<u></u>							
and address of previous operator										
II. DESCRIPTION OF WEL	L AND LEASE				_					
Lease Name	Well No.		luding Formation			of Lease		Lease No.		
A. L. Christmas	1	Eumont (	Gas) V-	<u>50 ( )                                  </u>	State	Federal or F	ce			
Location			× /							
Unit LetterD	:990	_ Feet From The	North Lin	e and4	60 F	eet From The	Wes	t Line		
Section 19 m	22 C	- 27	T.							
Section 18 Town	iship 22-S	Range 37-	E , N	мрм,	Lea		_ <del>-</del>	County		
III. DESIGNATION OF TRA	ANSPORTER OF C	IL AND NAT	URAL GAS							
Name of Authorized Transporter of Oil	or Conde	nsate KX	Address (Giv	e address to w	hich approved	copy of this	form is to be s	ent)		
Permian Corporation			P.O. Box 1183, Houston, TX 77251-1183							
Name of Authorized Transporter of Ca		or Dry Gas XX	Address (Giv	e address to wi	hich approved	copy of this	form is to be s	ens)		
Northern Natural Gas		- <del></del> -	P.O. Bo	ox 1188,						
If well produces oil or liquids, give location of tanks.	Unit Sec.	$\frac{17x_{P}}{22^{P}}$ s   $37^{Rg}$		y connected?	When					
f this production is commingled with the			No			30 day	7S			
f this production is commingled with the IV. COMPLETION DATA	at from any other lease or	pool, give commir	ngling order numb	er:		<del></del>				
	Oil Well	I Gas Well	Name W. II	1 37 . 1		1	<del></del>			
Designate Type of Completion	n - (X)	XX	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded 10-12-89	Date Compl. Ready to	Prod.	Total Depth 3800	)'	I,	P.B.T.D.	1 3779' RKI	_ <b></b> 3		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	ormation	Top Oil/Gas F	Top Oil/Gas Pay						
3450.5' RKB	Queen (Pe	nrose)		3450		Tubing Depth 3685				
Performings 3450-3576 w/21 shots						Depth Casin	ig Shoe			
3430=3376 W/21 Shots							3798			
	TUBING,	CASING AND	CEMENTIN	G RECOR	D	<u> </u>				
HOLE SIZE	CASING & TU			DEPTH SET		5	SACKS CEME	ENT		
12-1/4	9-5/8", 36 11			432'			x (circ)			
8-3/4		, 23 lb/ft.	3788	3 1			x (circ)			
	26 lb/ft									
. TEST DATA AND REQUE	COT FOR ALLOWA	DIE		···	•					
Pate First New Oil Run To Tank	Date of Test	oj toda ou ana mus	Droducing Man	exceed top allow	wable for this	depih or be f	or full 24 hour	s.)		
	Date of Test		Producing Met	nod (Flow, pur	np, gas lift, el	c.)				
ength of Test	Tubing Pressure		Casing Pressur			Choke Size	<del></del>			
	Tuoing Treasure		Casing Pressur	C		CHUKE SIZE				
ctual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF				
						3CI				
GAS WELL		<del></del>	<u> </u>							
ctual Prod. Test - MCF/D	Length of Test		Bble Conder	te/MMCE		C	<del></del>			
219 MCFPD	4 hours	ł	Bbls. Condensate/MMCF  0.5 BPD		Gravity of Condensate					
sting Method (pitot, back pr.)	Tubing Pressure (Shut-	_!	Casing Pressure (Shut-in)			Choke Size				
Orifice Tester		169	. ,			16/64				
I. OPERATOR CERTIFIC	TATE OF COMPI	IANCE								
I hereby certify that the rules and regu	dations of the Oil Conserv	ation		IL CONS	SERVA	TIONIT	DIVISIO	N		
Division have been complied with and	that the information giver	n above								
is true and complete to the best of my	knowledge and belief.		Doto	- م مارون م		JAN	0 5 199	IU		
mil a la	A		Date /	Approved		OFTIT				
onichael Ste	wart		_		DICIN					
Signature	By ORIGINAL SIGNED BY JERRY SEXTON									
Michael Stewart Printed Name	chael Stewart Engineer Tide				SUPERVISOR					
11-3-89		84-4011	Title_							
Date	77.1		11							

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