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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. 30-025-10657
Address P. O. Box 10426, Midland, TX 79702		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	<input checked="" type="checkbox"/> Other (Please explain)	
Recompletion <input checked="" type="checkbox"/>	Change in Transporter of:	
Change in Operator <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change lease name from Stevens B
	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 Stevens B-7	Well No. 13	Pool Name, Including Formation Jalmat (T-Y-7R)	Kind of Lease State Federal <input checked="" type="checkbox"/> Lease	Lease No. LC-030556B
Location				
Unit Letter E	1980	Feet From The North	330	Feet From The West
Section 7	Township 23-S	Range 37-E	NMPM,	Lea
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil None	<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 Doyle Hartman	<input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 6	Twp. 23S
	Rge. 37E	Is gas actually connected? <input checked="" type="checkbox"/> When? 3-18-91	

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 XX	New Well	Workover	Deepen	Plug Back XX	Same Res'v	Diff Res'v XX
Date Spudded Orig. 8-26-60 PB - 2-27-91	Date Compl. Ready to Prod. 3-7-91	Total Depth 3725	P.B.T.D. 3505					
Elevations (DF, RKB, RT, GR, etc.) 3393 DF	Name of Producing Formation Yates	Top Oil/Gas Pay 3033	Tubing Depth 3358					
Perforations 3033, 37, 42, 47, 55, 66, 69, 72, 75, 80, 84, 87, 90, 3101, 32, 35, 38, 42, 45, 50, 55, 58 and 3170 (23 holes)	Depth Casing Shoe 3725							
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11	7-5/8"		363		200 sx + 650 sx BH			
6-3/4	4-1/2"		3725		735 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 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 97	Length of Test 24 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate --
Testing Method (pilot, back pr.) Pilot	Tubing Pressure (Shut-in) SICP = 84 psig	Casing Pressure (Shut-in) FCP = 9 psig	Choke Size 64/64

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.

Signature
Michael Stewart
Printed Name
3-18-91
Date
915/684-4011
Telephone No.

Engineer
Title

OIL CONSERVATION DIVISION

Date Approved

By

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 multiple completed wells.

REC-100
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HOBBS CHINA