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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	NSP	ORT OI	L AND NA	TURAL	SAS				
Operator Doyle Hartman							Well	API No. 30-025-10657			
P. O. Box 10426,		, Texa	s <b>7</b> 9	702						·	
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghead		Dry G Conde	as  nsate	οι κατι ΝΕ/4, 8 _3850' ε	ection for the section of the sectio	rest in L 7, T-23- -89. Wei	e Hartma ot 2 SE/ S, R-37-	4 NW/4 a E, surfa	ind S/2 ice to	
If change of operator give name and address of previous operator	oco, Inc.	. <b>(</b> Ope	rato	r for N	MFU), 10	Desta I	Orive Ea	st, Midl	and, TX	79705	
II. DESCRIPTION OF WELI							·				
Lease Name Stevens B	Well No.   Pool Name, Include 13   Langlie Ma							of Lease Federalyon Re	of Lease Lease No. Federal XXX Rec LC-03055B		
Location						· · · · · · · · · · · · · · · · · · ·	<u></u>			<del></del>	
Unit Letter <u>E</u>	:198	80	Feet F	rom The	North Li	e and3	30 F	eet From The	West	Line	
Section 7 Towns	nip 23-S		Range	3	7-Е , <b>N</b>	MPM, Le	ea		<del></del> -	County	
III. DESIGNATION OF TRA	NSPORTE	R OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casi	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	Sec.	Twp.	Rge.	Is gas actual	y connected?	When	1 ?			
If this production is commingled with tha IV. COMPLETION DATA	from any othe	r lease or	pool, gi	ve comming	ling order nun	ber:					
Designate Type of Completion	ı - (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.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	TI	UBING.	CASI	NG AND	CEMENTI	NG RECO	SD.	<u> </u>			
HOLE SIZE						DEPTH SE			SACKS CEMENT		
	<del></del>										
V. TEST DATA AND REQUE OIL WELL (Test must be after				., ,							
ate First New Oil Run To Tank  Date of Test  Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	1						<del></del>				
Actual Prod. Test - MCF/D						sate/MMCF		Gravity of Condensate			
Testing Method (pitot, 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 left of my broughdge and belief.  Signature  Michael Stewart  Engineer  Title					OIL CONSERVATION DIVISION  Date Approved MAR 2 1 1931  By COSHA, Tolking Approved Ap						
3-18-91 Date		915/68 Telep	Title 14-40 phone N		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.