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

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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Revised 1-1-89 See Instructions

Form C-104

58934 60219

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Doyle Hartman Address P. O. Box 10426 Midland, Texas 79702 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Dry Gas Change in Transporter effective Recompletion Oil November 1, 1991 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Stevens B-7' Jalmat (T-Y-7R) Location 990 990 Feet From The North Line and _ Unit Letter ___ Feet From The Line Township 23S 37E Section , NMPM, Lea Range 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) 201 Main Street, Fort Worth, Texas Sid Richardson Carbon & Gasoline Company If well produces oil or liquids, Twp. When ? Unit I Sec. Rge. Is gas actually connected? give location of tanks. give location of tauxs.

If this production is commingled with that from any other lease or pool, give commingling order number:

SALIFICATION DATA

SALIFICATION GASOLINE CO. - Eff. 31/93 New Well | Workover Oil Well Gas Well Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Choke Size Length of Test Tubing Pressure Casing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Ebls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above HOUNS Y BON is true and complete to the best of my knowledge and belief. Date Approved _ ORIGINAL MONZO BY JEERLY TEXTON By_ DISTRICT I SUPERVISOR Signature Patrick K. Worrell

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

Date

11/21/91

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

FOR RECORD ONLY.

MAY 1 1 1993

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Engineer

Title 915-684-4011

Telephone No.

- 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.