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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-105  
Effective 1-1-65

I. Operator  
Doyle Hartman  
Address  
Post Office Box 10426, Midland, Texas 79702  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Change to be effective  
September 1, 1984  
If change of ownership give name and address of previous owner  
Sun Exploration and Production Company  
P. O. Box 1861, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE  
Lease Name  
Blinebry "A"  
Well No.  
8  
Pool Name, including Formation  
Jalmat (Gas) Tansill Yates  
Seven Rivers  
Kind of Lease  
State, Federal or Fee Fed.  
Lease No.  
LC-060818(A)  
Location  
Unit Letter L : 1650 Feet From The South Line and 990 Feet From The West  
Line of Section 29 Township 23S Range 37E, NMPM, Lea Count

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 ☒  
El Paso Natural Gas Company  
Address (Give address to which approved copy of this form is to be sent)  
Two Petroleum Center, North A at Wadley  
Midland, Texas 79702  
If well produces oil or liquids, give location of tanks.  
Unit Sec. Twp. Pge.  
Is gas actually connected? Yes  
When Unknown

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)  
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 (Test must be after recovery of total volume of load oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)  
Date First New Oil Run To Tanks  
Date of Test  
Producing Method (Flow, pump, gas lift, etc.)  
Length of Test  
Tubing Pressure  
Casing Pressure  
Choke Size  
Actual Prod. During Test  
Oil - Bbla.  
Water - Bbla.  
Gas - MCF

GAS WELL  
Actual Prod. Test - MCF/D  
Length of Test  
Bbla. Condensate/MCF  
Gravity of Condensate  
Testing Method (plug, back pr.)  
Tubing Pressure (Shot-in)  
Casing Pressure (Shot-in)  
Choke Size

VI. CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
Michael C. Hernandez for Larry J. Smith  
Engineer  
September 7, 1984  
OIL CONSERVATION COMMISSION  
SEP 14 1984  
APPROVED  
BY ORIGINAL SIGNED BY JERRY TAYLOR  
DISTRICT SUPERVISOR  
TITLE  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the devils tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of oil well name or number, or transporter, or other such change of conditions.  
Separate Forms C-104 must be filed for each pool in multi-completed wells.