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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

State of New Mexico E gy, Minerals and Natural Resources Departme

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator		<u> </u>	1101	<u> </u>				Well Al	PI No.			
Doyle Hartman												
ddress												
P. O. Box 10426, Mid1	and, T	7970	01			Othas	(Please explai	n)				
eason(s) for Filing (Check proper box)		Change in	Transr	parte	r of:	_						
lew Well	Oil	Change in	Dry C		\mathbf{x}	Change	in Tran	sporter	effectiv	e Novem	mber l,	
ecompletion	Casinghea .	d Gas	Conde		te 🗌	1991						
change of operator give name												
d address of previous operator												
. DESCRIPTION OF WELL	AND LE	ASE	15 1	N.T	. Y1di-	a Formation		Kind o	f Lease	Lea	se No.	
ease Name		Well No. Pool Name, Including 4 Jalmat (T-			Y-7R) Pr	o Gas		NAME AFROMA FOR				
R. W. Cowden C		4	1 00									
ocation C	990		East	E	n The No	rth Line	and	30 Fee	t From The	West	Line	
Unit Letter	- :		_ Feet	rioi	11 The						_	
Section 31 Township	23S		Rang	ge	37E	, NN	IPM,	Lea			County	
						247 646						
II. DESIGNATION OF TRAN	SPORTE	CR OF O	IL A	NU	NATUI	Address (Give	address to wh	ich approved	copy of this for	n is to be sen	u)	
Name of Authorized Transporter of Oil		or Conde	11 Selle				++					
Name of Authorized Transporter of Casin	phead Gas		or D	ту С	ias 🗓	Address (Giv	address to wh	ich approved	copy of this for	n is to be ser	п)	
Sid Richardson Carbon	ı & Gas					201 M	ain Stree	et, Ft.	Ft. Worth, TX 76102			
If well produces oil or liquids,	Unit	Sec.	Twp),	Rge.	Is gas actuall	connected?	When	When?			
ive location of tanks.	<u> </u>	i i			<u> </u>	yes			November 1952			
f this production is commingled with that	from any ot	her lease of	r pool,	give	commingl	ing order num	er:			<u></u>		
V. COMPLETION DATA		louv			as Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil We	11 	G	48 AAC11	i Hem Hen	l Workerer	20-70-	i i		i	
Date Spudded		npl. Ready	to Prod	1.		Total Depth			P.B.T.D.			
Date Spaces												
Elevations (DF, RKB, RT, GR, etc.)	levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth		
	<u></u>					<u> </u>			Depth Casing	Shoe		
Perforations									J. Sapan Sama			
		TUDING	1 CA	STN	JG AND	CEMENT	NG RECOR	D.				
11015 0175	CARRIED A TURNO S					CENTERNA	CEMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE	 	HOING G										
		1110	T/ A TO T									
V. TEST DATA AND REQUE OIL WELL (Test must be after	ST FOR	ALLOV	V ABL	LE.	ail and mus	t he equal to o	r exceed top all	lowable for th	is depth or be f	or full 24 hou	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of		ne oj io)H 4/14 //45	Producing N	lethod (Flow, p	ump, gas lift,	etc.)			
Date First New Oil Ruti 10 Talik	Date of Test											
Length of Test	Tubing I	Tubing Pressure					Casing Pressure			Choke Size		
Lengu. or 100									Gas- MCF			
Actual Prod. During Test	Oil - Bb	ls.				Water - Bbl	S.		Gas- Micr			
				_								
GAS WELL									· · · · · · · · · · · · · · · · · · ·	`ondenesta		
Actual Prod. Test - MCF/D Length of Test						Bbls. Cond	ensate/MMCF		Gravity of C	onoensate.		
	-	· · · · · · · · · · · · · · · · · · ·	· · · · ·			Casina Den	sure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)	Tubing	Pressure (S	កយ-រារា)	1		Casing Fie	oute (cuter in)					
)E (()	ADY.		TCT:							
VI. OPERATOR CERTIFI	CATE (OF CON	MYL.	IAI	NCE		OIL CO	NSER\	NOITAN	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							Date Approved					
Division have been complied with and that the information gives above is true and complete to the best of my knowledge and belief.						∥ Da	te Approv	ed	1.1.13	<i>i</i> .		
/ /						11						
Fature K. Wine	4					By.	SAGINA	រ ស្រាស់ទា	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#14.53 ⁴⁴		
Signature			Engi	ine	er		67	89 (1) E.				
Patrick K. Worrell Printed Name				itle		11						
2-19-92			5/68	84-	-4011		<u> </u>					
Date			Teleph	one	No.							
		الأسيين					•					

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 multiply completed wells.