

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-1
Effective 1-1-85

SALE		
FILE		
U.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

Operator
Doyle Hartman

Address
312 Midland National Bank; Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner

THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE. R-5143

II. DESCRIPTION OF WELL AND LEASE

Lease Name Spear State	Well No. 1	Pool Name, Including Formation Jalmat	Kind of Lease State, Federal or Fee	State	Lease No. K-5366
Location					
Unit Letter F	1980	Feet From The North	Line and 1980	Feet From The West	
Line of Section 2	Township 26S	Range 37E	NMPM,	Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <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 <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 Sec. Twp. Rge.
	Is gas actually connected? No
	When November 1, 1975

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X		X				
Date Spudded 2-4-75	Date Compl. Ready to Prod. 4-3-75	Total Depth 3650	P.B.T.D. 3010					
Elevations (DF, RKB, RT, GR, etc.) 3013 G. L.	Name of Producing Formation Yates	Top Oil/Gas Pay 2661	Tubing Depth 2960					
Perforations 2661 - 2931 W/13 holes			Depth Casing Shoe 3650					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
8 3/4	7"	304	65 SX					
6 1/8	4 1/2"	3650	250 SX					
	2 3/8"	2960						

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)

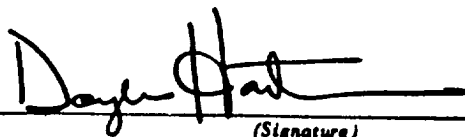
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bble.	Water - Bble.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 84	Length of Test 4 hours	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back press	Tubing Pressure (Shut-in) 545	Casing Pressure (Shut-in) 545	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.



Operator - Part Owner

10-15-75

(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 6 1976, 19

BY 

TITLE SUPERVISOR DISTRICT 4

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.