## UISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE Form C-104 REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-FILE Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator Doyle Hartman 312 Midland National Bank; Midland, Texas 79701 Reason(s) for filing (Check proper box) Other (Please explain) CASINGHEAD GAS MUST NOT THE FLARED AFTER 2/1/76 Change in Transporter of: Recompletion Ott Dry Gas Change in Ownership Casinghead Gas UNLESS AN EXCEPTION TO BASIS Condensate IS OBTAINED. If change of ownership give name and address of previous owner \_\_\_\_ II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Federal "F" Lease No. 2 Scarborough-Yates-State, Federal or Fee Fed. NM-029 Location , 1980 Feet From The South Line and 660 Feet From The East Line of Section 29 Township 26S Range 37E , NMPM, Lea County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | Name of Authorized Transporter of Oil | | Or Condensate | Or Condens Address (Give address to which approved copy of this form is to be sent) The Permian Corporation Box 1183 - Houston, Texas 77001 Name of Authorized Transporter of Casinghead Gas 💢 Address (Give address to which approved copy of this form is to be sent) or Dry Gas El Paso Natural Gas Box 1384 - Jal, New Mexico 88252 P.ge. If well produces oil or liquids, give location of tanks. Unit Twp. is gas actually connected? When 37E 29 26S No Approx. 2/1/76 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well Workover New Well Deepen Plug Back Designate Type of Completion - (X) Same Res'v. Diff. Res'v. Х X Date Compl. Ready to Prod. Total Depth P.B.T.D. 8/22/75 <u>9-16-75</u> 3340 3170 Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth 2956<u>.6</u> GL Yates 3030 3001 Perforations 3035 - 3143 Depth Casing Shoe (11 holes) 3340 TUBING, CASING, AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 12 1/4 5/8. 28# 654 <u> 200</u> 7 7/78 4 3. 9.5# 3340 <u> 300</u> 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 allowable for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.) 9/14 9/16/75 Flowing Length of Test Tubing Pressure Casing Pressure 225 Choke Size psi 48 hrs. 70 psi 20/64 Actual Prod. During Test Oil-Bbls. Water - Bbls Gas-MCF 26 2 420 GAS WELL Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.)

Tubing Pressure (Shut-in) Casing Pressure (Shut-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.

Day	ad
V	
_	(Signature)

Operator - Part Owner (Title)

December 10, 1975

(Date)

## OIL CONSERVATION COMMISSION

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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.

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GR CONSERVATION COMM. HORES, R. M.