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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-110  
Effective 1-1-65

Operator Doyle Hartman	
Address 312 C & K Petroleum Bldg., Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
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 \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper State	Well No. 1	Pool Name, including Formation Jalmat Gas	Kind of Lease State, Federal or Fee State	B-11301 B-1484
Location Unit Letter N ; 660 Feet From The South Line and 1980 Feet From The West Line of Section 2 Township 24-S Range 36-E , NMPL, 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)	
El Paso Natural Gas Co.	Box 1384 Jal, New Mexico 88252	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	No 8-1-76	

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

V. 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 5-28-76	Date Compl. Ready to Prod. 6-24-76	Total Depth 3760	P.B.T.D. 3722					
Elevations (DF, RKB, RT, GR, etc.) 3384 RKB	Name of Producing Formation Yates - Seven Rivers	Top Oil/Gas Pay 3062	Tubing Depth 3061					
Perforations 3071-3535 w/26 holes			Depth Casing Shoe 3760					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
11	8 5/8, 28#	615	200					
7 7/8	4 1/2, 10.5 #	3760	1200					

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)

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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 563	Length of Test 24 hr	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) choke nipples	Tubing Pressure (Shut-in) 333	Casing Pressure (Shut-in) 328	Choke Size 1/2

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.

Doyle Hartman  
(Signature)  
Oil Operator  
(Title)  
7/1/76  
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 10 1976  
BY John W. Ryan  
Geologist  
TITLE \_\_\_\_\_

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 shut-in 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 re-completed wells.  
Fill out only Sections I, II, III, and VI for changes of name, well name or number, or transporter, or other such change of condition.