

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
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-110
Effective 1-1-65

Operator

Doyle Hartman

Address

508 C & K Petroleum Building, Midland, Texas 79701

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒	Change in Transporter of:	
Recompletion ☐	Oil ☐	Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐	Condensate ☐

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	B-1484
Cooper State	2	Jalmat (Yates)	State, Federal or Fee State	B-11301

Location

Unit Letter K ; 2310 Feet From The South Line and 2310 Feet From The West

Line of Section 2 Township 24-S Range 36-E , NMPM, Lea County

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 ☒	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 liquid, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	9-14-78

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

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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
7-19-78	8-29-78		3800		3322			
Elevations (DE, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
3376 RKB	Yates		2998		3262			
Perforations					Depth Casing Shoe			
2998 - 3118 w/13 (Yates)					3800			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8, 28#	487	325 SX
7 7/8	5 1/2, 14#	3800	1150 SX

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
390	24 hours	---	---
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
choke nipple	PTP= 150 psi	PCP= 150 psi	20/64

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)

Operator - Part Owner

(Title)

9-6-78

(Date)

SICP= 168 psi OIL CONSERVATION COMMISSION

APPROVED SEP 20 1978, 19

BY John W. Nunyan

TITLE Geologist

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 existing tests taken on the well in accordance with RULE 110.

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 change of owner, well name or number, or transporter or other such change of condition.