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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PROBATION 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-114
Effective 1-1-65

Operator Doyle Hartman	
Address 508 C & K Petroleum Building, Midland, TX 79701	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter oil ☐
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease State Cooper State	Well No. 2	Pool Name, including Formation Langlie Mattix (Seven River - Queen)	Kind of Lease State, Federal or Fee State	Lease No. B-1484
Location Unit Letter <u>K</u> ; <u>2310</u> Feet From The <u>South</u> Line and <u>2310</u> Feet From The <u>West</u>				
Line of Section <u>2</u> Township <u>24-S</u> Range <u>36-E</u> , NMPL, 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 liquids, give location of tanks.	Unit <u> </u> Sec. <u> </u> Twp. <u> </u> Rge. <u> </u>
Is gas actually connected?	When <u>8-31-78</u>

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 Resv. ☐	Diff. Resv. ☐
Date Spudded 7-19-78	Date Compl. Ready to Prod. 8-19-78		Total Depth 3800		P.B.T.D. 3600			
Elevations (DF, RKB, RT, GR, etc.) 3376 RKB	Name of Producing Formation Seven Rivers - Queen		Top Oil/Gas Pay 3451		Tubing Depth 3550			
Perforations 3451 - 3581 w/17 (Seven Rivers - Queen)					Depth Casing Shoe 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 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)

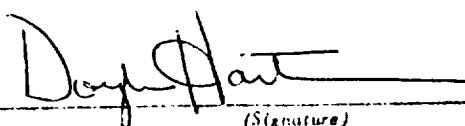
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual First Test-MCF/D 546	Length of Test 24 hours	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) choke nipple	Tubing Pressure (Shut-in) PTP= 156 psi	Casing Pressure (Shut-in) PCP= 156 psi SICP= 210 psi	Choke Size 2 1/2" 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.



Operator - Part Owner

8-19-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on next and completed 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.