

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-
Effective 1-1-65

I.

Operator Doyle Hartman	
Address P. O. Box 10426, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Samedan-Hughes Federal	Well No. 1	Pool Name, including Formation Jalmat (Gas) Yates-Seven Rivers	Kind of Lease Lease, Federal or Fee Federal	Lease No. NM 2244
Location				
Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>19</u> Township <u>23S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. 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 Company	P. O. 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 November 10, 1980	

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'tv.	Diff. Res't
			X	X					
Date Started 10-13-80	Date Compl. Ready to Prod. 11-4-80	Total Depth 3300		P.B.T.D. 3295					
Elevations (DF, HKB, RT, CR, etc., 3338 G.L.	Name of Producing Formation Yates-Seven Rivers	Top Oil/Gas Pay 2954		Tubing Depth 3205					
Perforations 17 holes with one shot each from 2954-3130 (Yates Seven Rivers)				Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8		453		300 (circ)			
7 7/8		5 1/2		3307		500 (circ)			
		2 3/8		3131					

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-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual First Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
450	24 hours	---	---
Testing Method (pump, back prod.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Choke-nipple	SITP= 100	PCP= 83 SICP= 100	30/64

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.

Michelle Hernandez
(Signature)
Administrative Assistant
(Title)
November 6, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 10 1980, 19
BY [Signature]
TITLE SUPERVISOR DISTRICT

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 deviate 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 own-well name or number, or transporter or other such change of condition.
Separate Form C-104 must be filed for each pool in multiple completed wells.