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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-105
Effective 1-1-85

Operator Doyle Hartman	
Address P. O. Box 10426 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

I. DESCRIPTION OF WELL AND LEASE			
Lease Name Farnsworth-Federal	Well No. 1 Pool Name, Including Formation Scarborough (Yates) LR	Kind of Lease State, Federal or Free Federal	Lease No. NM-31220
Location Unit Letter P : 660 Feet From The South Line and 660 Feet From The East Line of Section 18 Township 26-S Range 37-E, NMFM, Lea County			

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1384 Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks. Unit P Sec. 18 Twp. 26S Rge. 37E	Is gas actually connected? No When July 1982

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

III. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Rest'n ☐ Drill Rest'n ☐		
Date Spudded 6-24-82	Date Compl. Ready to Prod. 7-13-82	Total Depth 3450	P.B.T.D. 3449
Elevations (DI, RAB, RT, GR, etc.) 2963 GL	Name of Producing Formation Yates	Top Oil/Gas Pay 3039	Tubing Depth 3084
Perforations 3039-3136 w/15 Yates			Depth Casing Shoe 3450
IV. TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE 12 1/4 8 3/4	CASING & TUBING SIZE 9 5/8 36 7	DEPTH SET 425 3450	SACKS CEMENT 225 sx (Circ) 600 sx (Circ)

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 oil able for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks 7-13-82	Date of Test 7-14-82	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24	Tubing Pressure 115	Casing Pressure 550	Choke Size 20/64
Actual Prod. During Test	Oil - Bbls. 29	Water - Bbls. 36	Gas - MCF 115

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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.	
Larry A. Norrington (Signature) Engineer (Title) July 15, 1982 (Date)	
OIL CONSERVATION COMMISSION JUL 23 1982 APPROVED _____, 19____ BY JERRY SEXTON TITLE DISTRICT 1 SUPERVISOR 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 101. 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. Separate Forms C-104 must be filed for each pool in multi-completed wells.	