Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico , Minerals and Natural Resources Departme. Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

OIL CONSERVATION DIVISION

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWA	RI F AND A	AUTHORIZ	ATION				
REQUEST FOR ALLOWABLE AND AUTHORIZA TO TRANSPORT OIL AND NATURAL GAS									
Operator Novelo Hartman			Well API No.						
Doyle Hartman Address			- · · · · · · · · · · · · · · · · · · ·						
P. O. Box 10426, M	ßidland, Texas	79702							
Reason(s) for Filing (Check proper box)		m	Othe	r (Please expla	in)				
New Well Recompletion		Transporter of: Dry Gas			•				
Change in Operator		Condensate	Chang	e in Own	ership	effective	6-1-90		
If change of operator give name and address of previous operator Par	ker and Parsl	ey, P. O. I	30x 3178,	Midland	, Texas	79702			
II. DESCRIPTION OF WELL		Petco							
Lease Name R. W. Cowden C		n 77 7 in \ n			of Lease No. Federal or Fee				
Location						-	<u> </u>		
Unit Letter H	: 1650	Feet From The $\frac{Nc}{2}$	orth Line	and800	Fe	et From The	East	Line	
Section 31 Township	p 23S	Range 37	'E , NN	ирм,	Lea			County	
III. DESIGNATION OF TRAN	SPORTER OF OI	L AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)								
Texas New Mexico P Name of Authorized Transporter of Casing	P. O. Box 2528, Hobbs, New Mexico 88240								
Name of Authorized Transporter of Casinghead Gas or Dry Gas Warren Petroleum Corporation			Address (Give address to which approved copy of this form is to P. O. Box 1589, Tulsa, Oklahoma 741)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Is gas actually connected? When							
f this production is commingled with that i	Yes 11-25-83								
IV. COMPLETION DATA	John any outer lease of p	ooi, give commingi	ing order numb	er:					
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		100.0	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing For	Top Oil/Gas Pay			Tuhing Death				
						Tubing Depth			
Perforations				-		Depth Casing S	hoe		
	TUBING.	CASING AND	CEMENTIN	IG RECORT)	<u> </u>			
HOLE SIZE	- CASING & TUI	DEPTH SET			SACKS CEMENT				
									
									
V. TEST DATA AND REQUES						•			
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of total volume of	f load oil and must		exceed top allow hod (Flow, pun			full 24 hours.)	
	2.00 0.10.0		110000011101	1100 (1 1011) pui	φ, gus 191, c.	·c.,			
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF			
CAR TITTE Y									
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Dhia Cardana				·		
			Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in	Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA	ATE OF COMPI	LIANCE							
I hereby certify that the rules and regular	0	IL CON	SERVA	ID NOITA	VISION	1			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief			1111 4 A 4000						
Towns and The series			Date A	Approved		UL 19	1330		
MINOL			ORIGINAL SIGNED BY JERRY SEXTON						
Signature Michael Stewart	By Discourse State Views								
Printed Name	7	ngineer Tide	Title_						
7-13-90	915/68	4-4011							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Date

PECELLAG

JUL 1 8 1990

HOBBS OFFICE