	NO. OF COPIES REC	EIVED					NEWA	1EXICO	OIL C	ONSU
	SANTA FE								EQUEST FOR	
ı	FILE		l							V11
	U.S.G.S.				٨	UTHO	RIZAT	ION T	O TR/	MSP
	LAND OFFICE									
	TRANSPORTER	OIL GAS								
	OPERATOR	<u> </u>								
I.	PROBATION OF	FICE								
Doyle Hartman									-,	
	Address	t Off:	ice	Box	1042	26	Mid1a	and, T	exas	79
	Reason(s) for filing New Well Recompletion Change in Ownershi		propei	box)	0		Transpo	orter of:	Dry Go	
	If change of owner and address of pre	vious o	Nner.		EASE				· · ·	<del></del>
и.	DESCRIPTION C	JF VIEL	<u> </u>	1717 T	Y. 72.31	ell No.	Pool No	me, Inc.	eding F	ormati
		- 0 h ****				2	Ta1t	mat (Ya	ates-	Seve
	Olsen-Bli	hebry					<u> </u>			
					^			01	•	_
	Unit Letter	M	_;	50	<u> </u>	eat Fro	m The	Sout	LII	ne and
	Unit Letter	м 29	. ;		O F	235		Rar		and 37

DESTRIBUTION  SANTA FE  I H.E  U.S.G.S.  LAND OFFICE  TRANSPORTER OIL  GAS  OPERATOR  PROPATION OFFICE	REQUEST	ONSCRVATION CO. :SSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL C	Bem C-104 Superseder Old C-108 and C-1 Liffective 1-1-65			
Doyle Hartman						
Address Post Office Box	: 10426 Midland, Texas	79702				
Reason(s) for filing (Check proper box		Other (Please explain)				
New Well	Change in Transporter of:					
Recompletion Change in Ownership	OII Dry Ga Casinghead Gas Conden	<b>一</b>				
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND	LEASE.   Well No.   Pool Name, Including Fo	ormation Kind of Leas	e Lease No.			
Lease Name	2 Jalmat (Yates-		C-06082			
Olsen-Blinebry		•	west			
Unit Letter M ; 50	O Feet From The South Lin	e and 500 Feet From	The West			
0.0	waship 235 Range	37E , NMPM,	Lea County			
	TER OF OH AND MATURAL GA	.s				
Name of Authorized Transporter of Other	TER OF OIL AND NATURAL GA	Address (Give address to which appro	ved copy of this form is to be sent)			
Name of Authorized Transporter of Ca	singhead Gas ( ) or Dry Gas ( X	Address (Give address to which appro	ved copy of this form is to be sent)			
El Paso Natural Gas		P. O. Box 1492 E1 Paso, Texas 79978				
If well produces oil or liquids,	Unit Sec. Twp. Rgs.	ta day acterity comme	en ' .0-28-85			
give location of tanks.	i de la compania del la compania de	<u> </u>				
If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	New Well Workover Deepen	Plug Back   Same Resty, Diff, Resty			
Designate Type of Completi	on - (X) Gas Well	X				
Date Spudded	Date Compl. Ready to Prod.	Total Depth 3550	P.B.T.D. 3546			
10-07-85 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
3310.6 G.L.	Yates-Seven Rivers	2938	2988 Depth Casing Shoe			
Perforations 2938-3122 w/23 (Ya	tes-Seven Rivers)	Kr	3546			
2930-3122 W/23 (1a		D CEMENTING RECORD	SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	350 sx (circ)			
14-3/4	9-5/8 36. 7 26	3546	1050 sx (circ)			
8-3/4	7 20					
		after recovery of total volume of load oil	and must be equal to or exceed top allo			
. TEST DATA AND REQUEST FOIL WELL	OR ALLOWABLE (less must be a able for this de	epth or be for full 24 hours)  Producing Method (Flow, pump, gas l				
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, 203)	,,, c,			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Oil Dale	Water - Bbls.	Gas-MCF			
Actual Prod. During Tost	OII-Bble.					
		·				
GAS WELL Actual Fred, Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
132	24 hrs.		Choke Sixe			
Testing Mothed (pitot, back pr.)	Tubing Pressure (Shut-in) 79 (122)	Cosing Freesure (Shut-in) 80 (122)	16/64			
Orifice Tester  CERTIFICATE OF COMPLIAN		OIL CONSERV	ATION COMMISSION			
		APPROVED NOV	1 3 1985			
	regulations of the Oil Connervation with and that the information given	Cadio M	/. Seay			
above is true and complete to the	e best of my knowledge and belief.	Oil & Gas				
		TITLE	compliance with NULE 1104.			

. I

Lany a.	nonn	
	(Signature)	

<u>Engineer</u> (Title)

(Dote)

October 23, 1985

If this is a request for allowable for a newly dilled or despense well, this form that be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111.

All pertions of this ferm must be filled out completely for allowed on now and its only feet a valle.

Fill out only Seetlons I. H. HI, and VI for these as of owner well name or number, or transporter, or other such thanks of conditions.

RECEIVED

OCT 24 1985

O.C.O. HOBBS OFFICE