HO, OF COPIES RECO		
DISTRIBUTE		
SANTA FE		
111.6		
U.S.G.S.		
LAND OFFICE		
IRANSPORTER	OIL GAS	
OPERATOR		
PRORATION OF		
Operator		

	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR		ONSERVATION COMM. ON FOR ALLOWABLE AND MSPORT OIL AND NATURAL GA -	Horm C-144 Superseder Old C-104 and C-11c Effective 1-1-65					
1.	PRORATION OFFICE Uperator								
	Doyle Hartman								
	Post Office Box 10426	Midland, Texas 7970)2						
	Reason(s) for filing (Check proper box)	C) Towards of	Other (Please explain)	name from Carlson Fed					
	New Well Recompletion Well Names	Change in Transporter of: Oil Dry Gas		arrison Fed Com #1					
	Change in XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Casinghead Gas Condens	sate [_]						
	If change of ownership give name and address of previous owner								
H.	DESCRIPTION OF WELL AND LI	EASE Well No. Pool Name, Including Fo	rmation Kind of Lease	Lease No.					
	Carlson-Harrison Federal	Com 1 Jalmat Gas (Yate	es) State, Federal	cr Fee Federal LC-032579 (c)					
	Location Unit Letter L ; 198	80 Feet From The South Line	and 660 Feet From T						
	00 5		37E , NMPM, Le	a County					
	Line of Section 22 Town								
Ħ.	DESIGNATION OF TRANSPORTE	OF OIL AND NATURAL GAS	S Address (Give address to which approv	ed copy of this form is to be sent)					
]		Address (Give address to which approv	ed copy of this form is to be sent)					
	Name of Authorized Transporter of Casin El Paso Natural Gas Co.		P. O. Box 1492 El Paso, Texas 79978.						
		Unit Sec. Twp. P.ge.	Yes September 2, 1955						
	If this production is commingled with	that from any other lease or pool,	give commingling order number:						
v.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Flug Back Same fles'v. Diff. Res'v.					
	Designate Type of Completion	- (X) ; Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
				Tubing Depth					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Deptin					
	Perforations			Depth Casing Shoo					
		TUBING, CASING, AND	D CEMENTING RECORD SACKS CEMENT						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
v.	TEST DATA AND REQUEST FO	R ALLOWABLE (Test must be a)	(ter recovery of total volums of load oil o pth or be for full 24 hours)	and must be equal to ar exceed top allow-					
	OIL WEIL Date First New Oil Run To Tanks Date of Test Freducing Method (Flow, pump, gas lift, etc.)								
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
	Equator of Loop		Water - Bble.	Gas-MCF					
	Actual Pred. During Tost	OII-Bbls.							
			·						
	Actual Fred. Tool-MCF/D	Length of Test	Bbls. Condensate/NOMCF	Gravity of Condenecte					
	Testing Method (pitot, back pr.)	Tebing Prossure (Shub-in)	Casing Pressure (Shut-in)	Choke Size					
		• • • • • • • • • • • • • • • • • • • •	OIL CONSERVA	TION COMMISSION					
Α.	CERTIFICATE OF COMPLIANC		JAN 2 1 1986						
	I hereby certify that the rules and regulations of the Oil Conservation Consistion have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								
	above is true and complete to the	DOST OF MY KHOMEOURE THE DESIGN	TITLE with RULE 1104.						
	11 to Carle V	The second Comments	If this is a request for allow	vide for a newly diffic for despensed and by a tabulation of the deviation					
	Administrative Assi	stant	tests taken on the well in seco	et be filled out completely for allow-					
	Administrative Assi	e)	eble on new and to ompleted ve	olls for changes of owner.					

All sections of this form must be filled out completely for silone-eble on now and no empleted walls.

Fill out only Sections I. H. HI, and VI for chances of owner, well name or number, or transporter, or other such change of conditions

October 25, 1985 (Date)

RECEIVED

OCT 28 1985

OCT 28 1985

HOBBS OFFICE

;	DISTRIBUTION SANTA FE FILE U.S.G.S.			HEW MEXICO OIL CONSERVATION COMMISS, IN REQUEST FOR ALLOYABLE							
					AND						
					AUTHORIZATION TO TRANSPORT OIL AND NATURA						
	LAND OFFICE				-						
	TRANSPORTER	OIL									
		GAS									
ı.	OPERATOR										
	PROBATION OFFICE										
	Operator Doyle Hartman										
	Address										
	Post Office Box 10426 Midland, Texas 79702										
	Reason(s) for filing	proper	box)	Change in opera							
	New Well			Change in Frontporter of							
	Recompletion	Щ			OII						
	Change in Condensate Casinghead Gas Condensate										
	If change of owners and address of prev	ship giv vious og oper	WXV.	<u>r</u>	El Paso Na	atural Ga	as Company	P. O. Box	1492 E1 Paso		
II.	DESCRIPTION O	F WEL	L A	ND.I	EASE				Kind of Lease		
•	Lease Name			Well No. Pool Name, Including Formation			on				
	Carlson Federal				1	Jalmat	Gas (Yates)	State, Federal or Fee		
	Location							•			

Effective.

(Date) August 1,1985

Potm C-104 Supergedes Old C-104 and C-11 Elfective 1-1-65

	New Well Recompletion	Oil Transporter o	Dry Ga		nange	III opc					
	Change in CANNAN X	Casinghead Gas	Conden	sate							
	If change of ownership give name and address of previous owners operator	El Paso Natural Gas	s Compa	ny P.O.	Box 14	92 E	1 Paso, Tex	<u>cas 79</u>	1978		
II.	DESCRIPTION OF WELL AND I	EASE Well No. Pool Name, In	cluding Fo	ormation	K	Ind of Le	ase		Lease No.		
	Lease Name Carlson Federal	1 Jalmat			s	tate, Fed	eral or Fee Fee	leral	LC-032579		
	Location Unit Letter L : 198		· (c)								
	Line of Section 22 Tow	nship 25S F	lange	37E	, имрм,		Lea		County		
II.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATU	RAL GA	Address (Give a			proved copy of thi				
	Name of Authorized Transporter of Cas	inghead Gas or Dry Go	4			proved copy of thi		o be sent)			
	El Paso Natural Gas Co	Unit Sec. Twp.	P.ge.	P. O. Box Is gas actually	1492 connected	El Pas	o, Texas	19978			
	If well produces oil or liquids, give location of tanks.		! !	Ye	s	1	September	2, 195	55		
	If this production is commingled wit	h that from any other lease	or pool,	give commingli	ng order 1	number:					
v.	Designate Type of Completion		ias Well	Now Well Wo	orkover	Deepen !	Plug Back	Same Res	rv. Diff. Restv.		
	Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formatio	n	Top Oil/Gas Po	ay		Tubing Dept	h			
	Perforation s		. <u> </u>				Depth Casin	g Shoe			
		TUBING, CAS	ING, AND	CEMENTING	RECORD						
	HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			CKS CEN	ENT		
											
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test	must be a for this de	pth or be for full	24 hours;		oil and must be e	jual to cr	rxeesd top allow		
	OIL WET L Date First New Oil Run To Tanks	,				Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure		Casing Pressure			Choke Size	Choke Size			
	Actual Prod. During Tool	Oil-Bble.		Water-Bbls.			Gas-MCF	Ggs - MCF			
				<u>.l.,</u>	•						
	GAS WELL Actual Fred, Test-MCF/D	Length of Test		Bbls. Condensate/NMCF			Gravity of C	Gravity of Condensate			
	Teating Mathed (pitot, back pr.)	Tubing Prossure (Shut-iu)	Casing Freesu	re (Shut-	in)	Choke Size				
71.	CERTIFICATE OF COMPLIANCE					°AUG	2 0 1985	MISSIO	N 19		
	I hereby cortify that the rules and Commission have been complied above is true and complete to the										
		TITLE This form is to be filed in compliance with HULE 1104.									
	Michelle (Sign	If this is a request for allowable for a newly diffic or deepened well, this form must be accompenied by a tabulation of the deviation tests taken on the well in accordance with nucl. 111.									
	Administrative (Ti	Assistant (le)	All sections of this form murt be filled out completely for all				lately for #HOW				
	August 16, 1985	FIII out only Sections I, II, III, and VI for changes of owner well name or number, or transporter or other such change of condition									