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TRANSPORTER	OIL	
	GAS	
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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-11
Effective 1-1-65

Operator Doyle Hartman	
Address Post Office Box 10426, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Sun Exploration & Production Co., P.O. Box 1861, Midland, Texas 79702

DESCRIPTION OF WELL AND LEASE				
Lease Name Winningham	Well No. 4	Pool Name, including Formation Jalmat	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter 0 ; 660 Feet From The South Line and 1980 Feet From The East Line of Section 30 Township 25S Range 37E , NMPM, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Texas-New Mexico Pipeline Co.		Broadmoor BLDC, Hobbs, New Mexico 88240		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas		P.O. Box 1384, Jal, New Mexico 88252		
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 30	Twp. 25S	Rge. 37E
				Is gas actually connected? Yes

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

COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE	OIL CONSERVATION COMMISSION
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.	APPROVED _____, 19____
	BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR
	TITLE _____
Larry A. Williams (Signature) Engineer (Title) August 30, 1983 (Date)	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 deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on newly and re-completed wells. Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.

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