DISTRIBUTION		DR ALLOWABLE	Poim C+104 Supresentes (Nd C+105 and C+1 Lifective 1+1+65
U.S.G.S.		AND SPORT OIL AND NATURAL GA	S
LAND OFFICE	· · · · · · · · · · · · · · · · · · ·	-	
GAS OPERATOR			
PRONATION OFFICE Operator			
Doyle Hartma			
Post Office Reason(s) for filing (Check proper box)	Box 10426 Midland, Tex	as 79702 Other (Please explain)	
New Well	Change in Transporter of: Oil Dry Gas	[]	
Recompletion Change in Ownership X	Casinghead Gas Condense		
If change of ownership give name and address of previous owner	un Exploration & Producti	on Co. P. O. Box 1861	Midland, TX 79702
LESCRIPTION OF WELL AND I	Sell Nor! boot lighter and a set		Ledne :10.
Legal	3 Jalmat (0i1) 70	<u>Un - Y - SR</u> State, Federal	or Fee Patented
Unit Letter <u>'0</u> ; <u>330</u>	Feel From The South Line	and <u>1980</u> Feel from T	
Line of Section 31 Tow	nship 25S Range	37E , NMPM, Lea	עווניס
I. DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	•	
Name of Authorized Transporter of Cas	Inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)
If well produces off or liquids, give location of tanks.		is gas actually connected? Whe	n
If this production is commingled will	h that from any other lease or pool, g	give commingling order number:	Plug Back Same Hos'v. Difl. Res'v.
V. COMPLETION DATA Designate Type of Completion	on - (X)	Now Well Workover Deepen	Plug Back Same Hestv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.j	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
Perioranone	TUDING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	•		
	OD AT TOWARTE /Test must be gi	fer recovery of total volume of load oil	and must be equal to or exceed top allow
V. TEST DATA AND REQUEST F	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	
Date First New Oil Run To Tanks			Choke Size
Longth of Teal	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bble.	Water-Bbls.	Gas-MCF
	·		
GAS WELL Actual Fred, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condenacte
	Tubing Prosawe (shut-iu)	Casing Pressure (Shut-In)	Choke Size
Teasing kivihod (pitot, back pr.)			ATION COMMISSION
1. CERTIFICATE OF COMPLIAN	CE		
I hereby certify that the rules and regulations of the Oil Connervation Commission have been complied with and that the information given		APPROVED MAR 2 1 1986	
above is true and complete to the	he best of my knowledge and belief.		T I SUPERVISOR
		TITLE	compliance with RULE 1104.
Michelle Nembere for harry summy		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly dill. I or derpendent well, this form must be accomposited by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Engineer (Tule)		All sections of this form must be filled out completely for allow able on new and recompleted wells.	
March 19, 1986			H. HI, and VI for changes of condition rier, or other such thanks of condition
(Date)		Molt Bana of Brunett of Generals	



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