

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Doyle Hartman	Well API No.
Address P. O. Box 10426, Midland, Texas 79702	
Reason(s) for Filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Other (Please explain) <i>Change in field designation</i>
Recompletion <input checked="" type="checkbox"/>	NOTE: Well was recompleted by Getty 2/82
Change in Operator <input type="checkbox"/>	to Langlie Mattix pool. Getty apparently
	failed to file C-105 or revised C-104.
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dabbs	Well No. 2	Pool Name, Including Formation Langlie Mattix (7Rvr-Queen)	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter E	: 2310	Feet From The North	Line and 330	Feet From The West
Section 34	Township 25S	Range 37E	NMPM,	Lea
County				

III. 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)					
Texaco Trading & Transport	P. O. Box 5568, Denver, CO 80217					
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 Co.	P. O. Box 1492, El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 34	Twp. 25S	Rge. 37E	Is gas actually connected? Yes	When? 4-30-49

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well XX	Gas Well	New Well	Workover XX	Deepen XX	Plug Back	Same Res'v	Diff Res'v XX
Date Spudded 2/13/52 Orig.	Date Compl. Ready to Prod. 3-8-82	Total Depth 3300	P.B.T.D. 3300					
2-18-82 Rework	Name of Producing Formation 7 Rivers-Queen	Top Oil/Gas Pay 3185	Tubing Depth 3079'					
Elevations (DF, RKB, RT, GR, etc.) 3012 RKB	Perforations Sqzd perfs. 2742-2828' w/250 sx. Drilg & co. open hole 3120'-3300' Perf OH 3185,87,89,96,98,3211,13,15,17,32,35	Depth Casing Shoe 3120'						
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	10-3/4"	161	100 sx					
8-3/4"	7"	2920'	400 sx DV @ 1051'					
6-1/4"	5-1/2" liner	2863-3120'	40 sx					

V. 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 Tank	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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Michael Stewart
Printed Name
Engineer
Date
Title
915/684-4011
Telephone No.

OIL CONSERVATION DIVISION

MAR 01 1990

Date Approved

By

Orig. Signed by
Paul Kautz
Geologist

Title

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 with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 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.

2/28/90
Postal to TR as shown on Pool design

RECEIVED

FEB 22 1990

OCD
HOBBS OFFICE