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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

NEW MEXICO OIL CONSERVATION COM. ON
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

Operator
Doyle Hartman

Address
Post Office Box 10426 Midland, Texas 79702

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☒

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE *TR*

Lease Name Eaton SE	Well No. 13	Pool Name, including Formation Justis-Blinbry	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter J ; 1980 Feet From The South Line and 2310 Feet From The East Line of Section 12 Township 25S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Texas-New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528 Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 12 Twp. 25S Rge. 37E	Is gas actually connected? When Yes 7-31-72

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Flow Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
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

VI. 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/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VII. CERTIFICATE OF COMPLIANCE

I 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.

Larry G. Newmyer
(Signature)
Engineer
(Title)
January 22, 1986
(Date)

OIL CONSERVATION COMMISSION
JAN 28 1986
APPROVED _____, 19____
BY *Leslie W. Smith*
TITLE *Oil & Gas Engineer*

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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and re-completed wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.