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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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-1  
Effective 1-1-65

I. 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  
Lease Name Eaton NW Well No. 14 Pool Name, Including Formation Justis-Tubb Drinkard Kind of Lease State, Federal or Fee Fee  
Location  
Unit Letter F ; 2310 Feet From The North Line and 1650 Feet From The West  
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 F Sec. 12 Twp. 25S Rge. 37E Is gas actually connected? Yes When 8-04-73

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 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

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 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

VI. 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 A. Henry  
Engineer  
January 22, 1986  
OIL CONSERVATION COMMISSION  
JAN 28 1986  
APPROVED  
BY  
TITLE  
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 new and recompleted 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.

RECEIVED  
JAN 27 1986  
D. C. D.  
HOBBS OFFICE