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N.M.S.G.S.
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-164
Supersedes Old C-164 and C-111
Effective 1-1-65

Operator Doyle Hartman
Address 312 C & K Petroleum Bldg., Midland Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of Oil ☒ Dry Gas ☐
Recompletion ☐ Oil ☒ Condensate ☐
Change in Ownership ☐ Casinghead Gas ☐ Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE
Lease Name Cities Thomas Well No. 1 Pool Name, including Formation Langlie Mattix (Seven Rivers Queen)
Kind of Lease State, Federal or Fee Fee
Location
Unit Letter B : 990 Feet From The North Line and 1650 Feet From The East
Line of Section 19 Township 24-S Range 37-E, NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)
Shell Pipeline Co. Box 1165, Eunice, New Mexico 88231
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co. Box 1384, Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks. Unit B Sec. 19 Twp. 24-S Rge. 37-E Is gas actually connected? No When 3-1-77 2-15-77

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 ☐ Sand Control ☐ Water Control ☐
Date Spudded 1-18-77 Date Compl. Ready to Prod. 2-5-77 Total Depth 3696 P.B.T.D. 3626
Elevations (DF, RKE, RT, GA, etc.) 3299 G.L. Name of Producing Formation Seven Rivers-Queen Top Oil/Gas Pay 3446 Testing Depth 3420
Perforations Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE 12 1/4 7 7/8 CASING & TUBING SIZE 8 5/8, 28 lb 4 1/2, 10.5 lb DEPTH SET 417 3696 SACKS CEMENT 300 1450

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 1/2 gallon per barrel for this depth or be for full 24 hours)
Date First New Oil Run To Tanks 2-5-77 Date of Test 2-6-77 Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 hours Tubing Pressure 120 Casing Pressure 200 Choke Size 24/64
Actual Prod. During Test Oil - Bbls. 12 Water - Bbls. Gas - MCF 450

GAS WELL
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
Testing Method (Flow, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

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.

Doyle Hartman
(Signature)
Operator - Part Owner
(Title)
7-19-77

OIL CONSERVATION COMMISSION

APPROVED BY Jimmy Sexton
TITLE

This form is to be filed in compliance with RULE 1194.
If this is a request for allowable for a newly drilled oil or gas well, this form must be accompanied by a tabulation of the test results taken on the well in accordance with RULE 111.
All portions of this form must be filled out completely before this form is submitted to the Commission.
Fill out only Section I, II, III, and VI of this form for a well name or number, or transporter or other such change of information.