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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION 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-11
Effective 1-1-65

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

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cities-Thomas	Well No. 3	Pool Name, including Formation Langlie Mattix (Seven Rivers-Queen)	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter H ; 2310 Feet From The North Line and 660 Feet From The East Line of Section 19 Township 24-S Range 37-E, NMPM, Lea County					

III. 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)					
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, N.M. 88252					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	9-19-77

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 Resv.	Diff. Resv.
			X	X					
Date Spudded 8-17-77	Date Compl. Ready to Prod. 9-12-77	Total Depth 3700		P.B.T.D. 3675					
Elevations (DF, RKB, RT, GR, etc.) 3302 RKB	Name of Producing Formation Seven Rivers-Queen	Top Oil/Gas Pay 3408		Tubing Depth 3350					
Perforations 3408-3555 W/14				Depth Casing Shoe 3700					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11	8 5/8 28#		445		300 sx				
7 7/8	4 1/2 10.5#		3700		1000 sx				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of lead 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-Bble.	Water-Bble.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 292	Length of Test 24 hrs	Bble. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (prior, back pr.) choke-nipple	Tubing Pressure (Shut-in) SITP=207 psi	Casing Pressure (Shut-in) SICP=199 psi	Choke Size 16/64

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.

Doyle Hartman
(Signature)

Operator

9-12-77

(Date)

OIL CONSERVATION COMMISSION

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.