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LAND OFFICE		
TRANSPORTER	OIL GAS	
OPERATOR		
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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

Operator Doyle Hartman	
Address Post Office Box 10426, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name King Foundation et al	Well No. 1	Pool Name, including Formation Langlie Mattix (Queen)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter E ; 2310 Feet From The North Line and 330 Feet From The West Line of Section 20 Township 24-S Range 37-E , NMPL, Lea County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> CITGO Petroleum Corporation		Address (Give address to which approved copy of this form is to be sent) Post Office Box 272, Odessa, Texas 79760-0272		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company		Address (Give address to which approved copy of this form is to be sent) Post Office Box 1384, Jal, New Mexico 88252		
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 20	Twp. 24-S	Rge. 37-E
				Is gas actually connected? Yes
				When 10-26-77

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

COMPLETION DATA				
Designate Type of Completion - (X)				
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

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

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED MAY 23 1983, 19	
		BY ORIGINAL SIGNED BY JERRY SEXTON	
		TITLE DISTRICT I SUPERVISOR	
(Signature) Administrative Assistant		This form is to be filed in compliance with RULE 1104.	
(Title) May 20, 1983		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.	
(Date)		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.	

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