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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

Operator Doyle Hartman	
Address 508 C & K Petroleum Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

I. 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 <u>E</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u>				
Line of Section <u>20</u> Township <u>24-S</u> Range <u>37-E</u> , NMPM, <u>lea</u> County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 1183; Houston, Texas 77001			
Name of Authorized Transporter of Casinghead Gas <input 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) 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?		When	
	Yes		10-26-77	

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
Date Spudded 9-8-77	Date Compl. Ready to Prod. 10-13-77		Total Depth 3705		P.B.T.D. 3688			
Elevations (DF, RKB, RT, CR, etc.) 3294 G.L.	Name of Producing Formation Queen		Top Oil/Gas Pay 3523		Tubing Depth 3610			
Perforations 3523-3602 W/10 (Queen)					Depth Casing Shoe 3705			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8, 28#	466	300 sx
7 7/8	4 1/2, 10.5#	3705	1050 sx

IV. 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)

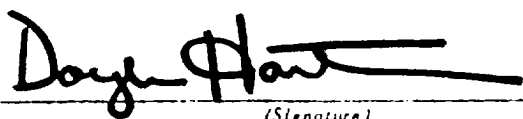
Date First New Oil Run To Tanks 10-1-77	Date of Test 10-13-77	Producing Method (Flow, pump, gas lift, etc.) Pumping (12 X 74 X 1- 1/2)	
Length of Test 24 hours	Tubing Pressure ----	Casing Pressure 40	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 61	Water-Bbls. 111	Gas-MCF 29

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

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.



Operator - Part Owner  
(Title)

April 7, 1978  
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 10 1978, 19  
BY Jerry Sexton  
TITLE Dist. L. Supv.

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 average tests taken on the well in accordance with RULE 111.

All entries on this form must be filled out completely and legibly.

This form is to be filed in compliance with RULE 1104.