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U.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-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator Doyle Hartman		
Address 508 C & K Petroleum Building, Midland, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE FLARED AFTER 12/1/77 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <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	NMPM,	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"/> 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 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) 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? No	When 10-27-77

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
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, GR, 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

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)

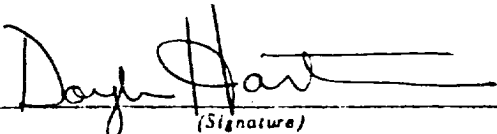
Date First New Oil Run To Tanks 10-1-77	Date of Test 10-13-77	Producing Method (Flow, pump, gas lift, etc.) Pumping (12 x 74 x 1-1/2)	
Length of Test 24 hours	Tubing Pressure ----	Casing Pressure 40	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 61	Water-Bbls. 111	Gas-MCF 29

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)

10-13-77

(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19__

BY 

TITLE **SUPERVISOR DISTRICT I**

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 conditions.

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JUL 1 1977

OIL CONSERVATION COMM.
DOBS, N. M.