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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
Superseding 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:
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"/>

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

I. DESCRIPTION OF WELL AND LEASE			
Lease Name Cities - Cone	Well No. 1	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee Fee
Location (Seven Rivers-Queen)			
Unit Letter M	990	Feet From The South	Line and 330
Line of Section 17		Township 24-S	Range 37-E
		County Lea	

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Permian Corporation	Box 1183; Houston, Texas 77001		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company	Box 1384; Jal, New Mexico 88252		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 17	Twp. 24-S
		Pge. 37-E	Is gas actually connected? Yes
			When 12-13-77

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

V. 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't. <input type="checkbox"/>	Diff. Res't. <input type="checkbox"/>	
Date Spudded 10-16-77	Date Compl. Ready to Prod. 11-10-77	Total Depth 3715	P.B.T.D. 3645
Elevations (DF, RKB, RT, GR, etc.) 3298 RKB	Name of Producing Formation Seven Rivers-Queen	Top Oil/Gas Pay 3510	Tubing Depth 3610
Perforations 3510-3609 W/15 (Seven Rivers-Queen)			Depth Casing Shoe 3715
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8, 28#	478	300
7 7/8	4 1/2, 10.5#	3715	1100

VI. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil available for this depth or be for full 24 hours)			
Date First New Oil Run To Tanks 11-10-77	Date of Test 11-22-77	Producing Method (Flow, pump, gas lift, etc.) Pumping (12X86X 1 1/2)	
Length of Test 24 hours	Tubing Pressure 48	Casing Pressure 48	Choke Size ---
Actual Prod. During Test	Oil-Bbls. 47	Water-Bbls. 49	Gas-MCF 95

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

I. 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 <u>APR 10 1978</u> , 19	
<u>Doyle Hartman</u> (Signature)		BY <u>Jerry Sexton</u> Dist. L. Sexton	
Operator-Part Owner (Title)		TITLE _____	
April 7, 1978 (Date)		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 deviated tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for a well to be considered as completed. Fill out only Sections I, II, III, and VI for completion of a well to be considered as completed.	