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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-111
Effective 1-1-65

I.

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"/>	CONDENSED GAS MUST NOT BE PLACED IN LEASE 11/10/77 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

II. DESCRIPTION OF WELL AND LEASE

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

III. 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 M	Sec. 17	Twp. 24-S	Rge. 37-E	Is gas actually connected? No	When 12-20-77

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 <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 Restv. <input type="checkbox"/>	Diff. Restv. <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, RAB, 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 12 1/4	CASING & TUBING SIZE 8 5/8, 28#		DEPTH SET 478		SACKS CEMENT 300				
7 7/8	4 1/2, 10.5#		3715		1100				

V. 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 it, oil
able 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 (12x86x1 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 (SCF/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

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-Part Owner
(Title)

11-22-77
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 28 1977, 19

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 deviate
tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all
wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of
well name or number, or transporter, or other such change of
data.
Separate Forms C-104 must be filed for each pool in a well
recompleted wells.