

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISS 1
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

I.

Operator Doyle Hartman		
Address 508 C & K Petroleum Bldg.; Mildand, Texas 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change In Transporter of:	CASINGHEAD GAS MUST NOT BE FILED AFTER 4/1/78 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cities - Thomas	Well No. 4	Pool Name, including Formation Langlie-Mattix (Seven Rivers - Queen)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter G ; 1980 Feet From The North Line and 1650 Feet From The East Line of Section 19 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 Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1183; Houston, Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1384; Jal, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 19	Twp. 24	Rge. 37	Is gas actually connected? No	When 2-9-78

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 Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 12-22-77	Date Compl. Ready to Prod. 1-12-78	Total Depth 3733		P.B.T.D. 3680					
Elevations (DF, RKB, RT, GR, etc.) 3285 GL	Name of Producing Formation Seven Rivers-Queen	Top Oil/Gas Pay 3418		Tubing Depth 3662					
Perforations 3418 - 3611 W/19 (Seven Rivers - Queen)				Depth Casing Shoe 3733					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4	8 5/8, 28#		477		325				
7 7/8	4 1/2, 10.5		3733		1000				

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 top allowable for this depth or be for full 24 hours)

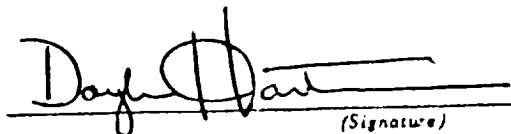
Date First New Oil Run To Tanks 1-12-78	Date of Test 2-1-78	Producing Method (Flow, pump, gas lift, etc.) Pumping (10 1/2 X 86 X 1 1/2)	
Length of Test 24 Hrs.	Tubing Pressure 60	Casing Pressure 60	Choke Size 30/64
Actual Prod. During Test	Oil - Bbls. 69	Water - Bbls. 23	Gas - MCF 200

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.


(Signature)


Operator - Part Owner

(Title)

2-2-78

(Date)

OIL CONSERVATION COMMISSION

APPROVED  6 19/78, 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 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 changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.