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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Doyle Hartman		Well API No. 30025-26070
Address P.O. Box 10426 Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name J. W. Sherrell	Well No. 9	Pool Name, Including Formation Jalmat (Tansil-Yates-7R)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter J : 2250 Feet From The South Line and 1650 Feet From The East Line Section 31 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 type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Northern Natural Gas Co.		P.O. Box 1188 Houston, TX 77251-1188				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					No	WOPL Connection

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X		X			X	
Date Spudded 11-5-89	Date Compl. Ready to Prod. 11-15-89	Total Depth 3250	P.B.T.D. 3219					
Elevations (DF, RKB, RT, GR, etc.) 3224 GL	Name of Producing Formation Yates-7 Rivers	Top Oil/Gas Pay 2928	Tubing Depth					
Perforations Old existing 2928-3088 21 Holes 1 SPF New 11-13-89 2908, 38, 46, 53, 70, 74, 78.5 & 3016 8 Holes 1 SPF			Depth Casing Shoe 3247					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8"		495'		400 sx circ			
7 7/8	5 1/2"		3247'		720 sx circ			
	2 3/8"		3171'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

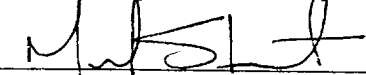
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D 257	Length of Test 24 Hours	Bbls. Condensate/MMCF Trace	Gravity of Condensate -
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) FCP 36 psig	Casing Pressure (Shut-in) 86 psig	Choke Size 32/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Signature
Mike Stewart
Printed Name
12-6-89
Date
Engineer
915-684-4011
Telephone No.

OIL CONSERVATION DIVISION

MAR 19 1990

Date Approved

By

Orig. Signed by
Paul Kautz
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.