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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)	
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 type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf - Eddie Corrigan	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 <u>P</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>30</u> Township <u>24-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

I. 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)	
El Paso Natural Gas Company	P. O. Box 1384, Jal, New Mexico 88252	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Pge.
	Is gas actually connected?	When
	No	11-23-78

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9-29-78	Date Compl. Ready to Prod. 10-27-78	Total Depth 3750	P.B.T.D. 3723					
Elevations (DF, R&B, RT, GR, etc.) 3251 G. L.	Name of Producing Formation Seven Rivers - Queen	Top Oil/Gas Pay 3364	Tubing Depth 3530					
Perforations 3364 - 3502 w/17 (Seven Rivers - Queen)			Depth Casing Shoe 3748					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8, 23#	611	350 SX					
7 7/8	5 1/2, 17#	3748	700 SX					

V. 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	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 254	Length of Test 24 hours	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pilot, back pr.) choke nipple	Tubing Pressure (Shut-in) FTP= 160 psi, SITP= 185 psi	Casing Pressure (Shut-in) FCP= 160 psi	Choke Size 16/64

I. 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.

Louise M. Cusack  
(Signature)  
Office Manager  
(Title)  
11-15-78  
(Date)

OIL CONSERVATION COMMISSION  
DEC 11 1978  
APPROVED  
BY John W. Runyan  
TITLE Geologist

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 multiple completed wells.