Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

l.	!	OTHAR	12LC		AND NA	I UHAL GA	15				
Doyle Hartman							Well A	Well API No. 30-025-26279			
Address P. O. Box 10426,	Midland	, Texas	797	702							
Reason(s) for Filing (Check proper box)	•	<u> </u>			Othe	r (Please expla	(in)		•		
New Well	(Change in 7	ranspo	rter of:		i (i icuse explo	,				
Recompletion	Oil		Dry Ga:	(7.70 -	Effe	ctive Jar	nuary 1,	1991			
Change in Operator	Casinghead		Conden	_							
If change of operator give name and address of previous operator											
Ц. DESCRIPTION OF WELL									· · · · · · · · · · · · · · · · · · ·		
Lease Name Well No. Pool Name, Inclu Arnott Ramsay "NCT-B" 7 Jalmat T-					-	Gas)		Kind of Lease Lease No. State Federal or Fee $B-229$			
Location	· · · · · · · · · · · · · · · · · · ·									•	
Unit LetterT	:2130	01	Feet Fr	om The _S	outh_Line	and990	Fe	et From The _	East	Line	
Section 32 Township	, 25-s		Range	37-E	, N	ирм,	Lea			County	
III. DESIGNATION OF TRAN						, <u>, , , , , , , , , , , , , , , , , , </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · ·		
Name of Authorized Transporter of Oil		or Condens		XX		e address to wh	ich approved	copy of this fo	rm is to be se	ent)	
Texas New Mexico F		P. O. Box 2528, Hobbs, NM 88240									
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX Doyle Hartman					1			copy of this form is to be sent)			
If well produces oil or liquids,	Unit Sec. Twp.			Roe	P. O. Box 10426, Mid Is gas actually connected? When						
give location of tanks.		32	25S	37E	Yes	Commeacu	i when	1-11-83			
If this production is commingled with that i	rom any othe	r lease or p	ool, giv	e comming	ing order numb	er:					
IV. COMPLETION DATA	· 	100 111 11		 	1		1				
Designate Type of Completion	- (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	<u>.</u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					1			Depth Casing Shoe			
TUBING, CASING AND											
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
							 		 -		
											
THE PROPERTY OF THE PROPERTY O	7.000	I I OW	D. E.								
V. TEST DATA AND REQUES OIL WELL (Test must be after re				oil and must	the equal to or	exceed top all	wahia far thi	e dansk ar he s	or 6/11 24 hav	1	
Date First New Oil Run To Tank	Date of Test		ioaa e	ou ana musi		ethod (Flow, pu			or juli 24 nou	<u> </u>	
Length of Test	h of Test Tubing Pressure				Casing Pressu	ire		Choke Size			
Actual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF				
tual Prod. During Test Oil - Bbls.					Water - Duis.						
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 Press.		Choke Size				
VII ODDD : 222 222 2					ا	··· · -					
VI. OPERATOR CERTIFIC				ICE	(DIL CON	ISERV	ΔΤΙΩΝΙ	אואוכור	אר	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							VOLITV.	ATIÇIN	DIVIOR	JIN	
is true and complete to the best of my)					Date	Approve	d	اللاف	V L		
Michael Stewart											
Signature Michael Stewart Engineer					By CRIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name Title					11						
4-2-91 Date		915/68 Telep	34-40 hone N								
		P	• •		11						

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.

RECEIVED

JUN 1 0 1991

Motess Office