NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR		
PRORATION 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-1
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 [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other *(Please explain)*

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Santa Fe Federal	1	Jalmat	Federal	LC-032576

Location

Unit Letter M ; 660 Feet From The South Line and 660 Feet From The West

Line of Section 27 Township 25-S Range 37-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Name of Authorized Transporter of Casinghead Gas [X] or Dry Gas [ ]	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.	Rge.	Is gas actually connected?	When
					No	12-19-79

If this production is commingled with that from any other lease or pool, give commingling order number:

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-21-79	12-13-79	3400	3376
Elevations *(DF, RKB, RT, GR, etc.)*	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3012 G. L.	Jalmat (Yates)	2793	2835
Perforations			Depth Casing Shoe
15 shots from 2793-2979 (Yates)			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	482	325 (circulated 70)
7 7/8	5 1/2	3400	550 (circulated 75)

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)*

OIL WELL

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
306	24 hours	---	---
Testing Method *(pitot, back pr.)*	**Tubing Pressure** *(Shut-in)*	**Casing Pressure** *(Shut-in)*	**Choke Size**
choke nipple	SITP= 365 FTP= 43	SICP= 365 FCP= 161	30/64

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.

Michelle Nemeth mh
(Signature)

Assistant Office Manager
(Title)

12-14-79
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 27 1979, 19

BY

TITLE SUPERVISOR DISTRICT II

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.