

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <u>Doyle Hartman</u>	Well API No. 30-025-26947
Address <u>500 North Main Midland, TX 79701</u>	
Reason(s) for Filing (Check proper box) ☐ Other (Please explain)	
New Well ☐	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐
If change of operator give name and address of previous operator <u>Meridian Oil Inc</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>ETZ</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Jalmit Tansill Yates 7-R-Q</u>	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Location				
Unit Letter <u>E</u>	<u>1980</u>	Feet From The <u>N</u>	Line and <u>942</u>	Feet From The <u>W</u>
Section <u>7</u>	Township <u>25-S</u>	Range <u>37-E</u>	NMPM	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>Scurlock Permian</u>	☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent) <u>Box 4648 - Houston, TX 77210</u>				
Name of Authorized Transporter of Casinghead Gas <u>Sid Richardson Carbon & Gasoline Co.</u>	☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent) <u>201 Main Street, Fort Worth, TX 76102</u>				
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>7</u>	Twp. <u>25</u>	Rge. <u>37</u>	Is gas actually connected? <u>Yes</u>	When? <u>9-16-80</u>

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 Doyle Hartman
Printed Name DOYLE HARTMAN OWNER
Date 3-4-93 Telephone No. (915) 684-4011

OIL CONSERVATION DIVISION

APR 08 1993

Date Approved _____
By Paul Kretz
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.

ORIGINAL

157/110-110.03