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

State of New Mexico En _______, Minerals and Natural Resources Departmer. Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS

Operator Possil a Horston										
Doyle Hartn	nan							30-025-	-26962	
Address										
P. O. Box	10426, M	idland,	, Texa	as 7970	02					
Reason(s) for Filing (Check proper box)	15.42.15				Othe	(Please explai	in)			
New Well	,	Change in 7	Fransport							
Recompletion	Oil		Dry Gas	XX						
Change in Operator	Casinghead	l Gas 🔲	Condens	ate XX						
f change of operator give name										
nd address of previous operator										
I. DESCRIPTION OF WELL	AND LEA	SE					1-2:			27-
Lease Name					ng Formation			of Lease Footenikok Roe	1 -	2 se No.
Arnott Ramsay NC	Т-В	10	Ja.	lmat (T-Y-7R)		June, 2	AMMIANA AM	А Б-	
Location F	1.0	980		N	orth	198	80		West	
Unit Letter	:		Feet Fro	m The		and	Fe	et From The _		Line
2.0	05.0			27 17			Taa			Carrette
Section 32 Towns	hip 25-S		Range	37-E	, NN	IPM,	Lea			County
II. DESIGNATION OF TRA	NSPORTE	R OF OI	LANL	VV	Address (Giv	address to wh	ich approved	conv of this fo	rm is to be se	ent)
ame of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)					
Conoco Surface Transportation Sentine					1406 NW County Road, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas XX					P. O. Box 10426, Midland, TX 79702					
Doyle Hartman	Unit	Sec.	Two	Rge.	Is gas actually		When	-	<i> </i>	
If well produces oil or liquids, give location of tanks.	I F	32	Тwp. 25S	37E	Yes			4-19	-91	
f this production is commingled with the	at from any othe	er lease or r	oool give	comming	ing order numi	er.	<u></u> -			
V. COMPLETION DATA	at from any our	01 1000 01 P	, g. · ·						-	
T. COM EDITOR DISTRICT		Oil Well	l G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	n - (X)	1	i		1		i	i		
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth			P.B.T.D.		
•										
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
5 /								Depth Casin	g Shoe	
Periorations								1 *	-	
Perforations										
Periorations					CEMENTI	NG RECOR			NOVE CEN	IENIT
HOLE SIZE		TUBING, SING & TU			CEMENTI	NG RECOR DEPTH SET			SACKS CEM	IENT
					CEMENTI				SACKS CEM	IENT
					CEMENTI				SACKS CEM	ENT
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HOLE SIZE	CAS	SING & TU	IBING S		CEMENTI				SACKS CEM	IENT
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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.

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