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

Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 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 Well API No. Operator 30-025-26962 Doyle Hartman Address 0. Box 10426, Midland, Texas 79702 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: \mathbf{x} Effective January 1, 1991 Dry Gas Recompletion Oil Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease State, Federal or Fee Lease No. Well No. | Pool Name, Including Formation Lease Name Arnott Ramsay "NCT-B" Jalmat T-Y-SR (Pro Gas) B - 22910 Location 1980 Feet From The North Line and Feet From The Line Range 37-E Lea 25-S 32 Township , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Texas New Mexico Pipeline Co. XX P. O. Box 2528, Hobbs, NM 88240 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas XX P. O. Box 10426, Midland, TX 79702 Doyle Hartman Sec. Unit Twp. Rge. Is gas actually connected? If well produces oil or liquids, When? give location of tanks. | 25S | 37E L 32 7-18-90 0 Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Oil Well Gas Well New Well Workover Deepen

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

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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Casing Pressure Choke Size Tubing Pressure Water - Bbls. Gas- MCF Actual Prod. During Test Oil - Bbls.

GAS WELL

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

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.

Michae Signature Michael

Printed Name

<u>915/684-401</u>1 Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

OR GENAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

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.

Engineer

Title

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

JUN 1 0 1991 FORBS