

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
TITLE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION 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-105
Effective 1-1-65

Operator
Doyle Hartman

Address
P. O. Box 10426, Midland, Texas 79702

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Terra-Carlson "B" Fed.	Well No. 1	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee Federal	Lease No. C-032579
---	----------------------	---	---	------------------------------

Location
Unit Letter **0** ; **990** Feet From The **South** Line and **1650** Feet From The **East**

Line of Section **26** Township **25-S** Range **37-E** , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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 88230

If well produces oil or liquids, give location of tanks. Is gas actually connected? **No** When **1-16-81**

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 12-16-80	Date Compl. Ready to Prod. 1-04-81	Total Depth 3375	P.B.T.D. 3337
Elevation (DF, RKB, RT, GR, etc.) 3019.8 G.L.	Name of Producing Formation Queen-Penrose <i>CRJA</i>	Top Oil/Gas Pay 2998	Tubing Depth 3071
Perforations 2998-3219 w/19 (Queen-Penrose)			Depth Casing Shoe 3375

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8 , 24 lb/ft	450	300 (circ)
7 7/8	5 1/2 , 17 lb/ft	3375	600 (circ)

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 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

WAS WELL

Actual Prod. Test-MCF/D 349	Length of Test 24 Hours	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Orifice Tester	Tubing Pressure (Shut-in) FTP= 73 psi	Casing Pressure (Shut-in) FCP= 73 psi	Choke Size 26/64

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 Nemecek
(Signature)
Administrative Assistant
(Title)
January 9, 1981
(Date)

OIL CONSERVATION COMMISSION

JAN 26 1981

APPROVED _____, 19____

BY *J. [Signature]*

TITLE **SUPERVISOR DISTRICT I**

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 a new and recompleted well.

Fill out only Sections I, W, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.