1.	NO. OF COPIES ALCEIVED   DISTRIBUTION   SANTA FE   FILE   U.S.G.S.   LAND OFFICE   IRANSPORTER   OIL   PRO: ATION OFFICE   OPER.	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C+1 Elfoctive 1-1-65 AS
	Operator Doyle Hartman			
	P. O. Box 10426 Midland, Texas 79702 Reason(s) for filing (Check proper box) Other (Please explain)			
	New We!1 XX Recompletion Change in Ownership	Change in Transporter of: Cil Dry Ga Casinghead Gas Conder	s	
	If change of ownership give name and address of previous owner		· · · · · · · · · · · · · · · · · · ·	
11.	DESCRIPTION OF WELL AND LEASE Lease Name Vieli No., Pool Hame, including Formation Kind of Lease Lease Lease No.			
	Bates	3 Jalmat (Gas)	) /K State, Federal	-
	Location $BHL /G$ Unit Letter $M/K$ : 1210		e and <u>1635</u> Feet From T	south
	Line of Section 20 To	wiship 25-S Range	<u> 37-Е , ммрм, Lea</u>	County
11.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	S Address (Give address to which approve	ed copy of this form is to be sent)
	Name of Authorized Transporter of Car		Address (Give address to which approv	
	El Paso Natural Gi If well produces cil cr liquida, give location of tanks.	Unit Sec. Twp. Pige.	P. O. Box 1384 Jal, N Is gas actually connected? When yes	<u>ew Mexico 88230</u> 9-30-81
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number:	
JV.	COMPLETION DATA Cil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Rest   Designate Type of Completion = (X) X X X X X			
	Date Spudied 9-3-81	Date Compl. Ready to Prod. 9-12-81	Total Depth 3481	Р.В.Т.D. 3470
	Elevations (DF, RKB, RT, GR, etc.) 3040 GL	Name of Freducing Formation Yates-Seven Rivers	Top Off/Gas Pay 2773	Tubing Depth 3452
	Perforations 2773-3337 w/17 (Yates	s-Seven Rivers)	J	Depth Casing Shoo 3477 RKB
			D CEMENTING RECORD	SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	652	450 (Circ)
	7 7/8	5 1/2	3477	550 (Circ)
				nd must be equal to or exceed top all:-
V.	If EST 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)     If WFLL   able for this depth or be for full 24 hours)     Date First New Cill Run To Tanks   Date of Test     Producing Method (Flow, pump, gas lift, etc.)			
				Choke Size
	Length of Toat	Tubing Pressure	Casing Pressure	
	Actual Pred. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
	GAS WELL			
	Actual Frost Test-MCF/D 101	Length of Test 24 hour	Bbls. Condonsate/MMSCF	Gravity of Condensate
	Testi : Notici (piter, back pr.) Orfice Tester	Tubles i rone we (Shut-in)	Castry i resoure (Shut-in) FCP = 32 psi	Cheke 5120 20/64
<b>; 1</b> .	. CERTIFICATE OF COMPLIANCE		OIL CONSERVA	LION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above in the and complete to the best of my knowledge and belief.		APPROVED, 19	
			BYOrig. Signed by Jerry Sexton	
	Lang Q. Nome Engineer September 30, 12	:1e) 28 /	TITLE <u>Dist 1. Sups</u> This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or despensivell, 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 allew, able on naw 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 Separate Forms C-104 must be filled for each pool in multipu- completed wells.	
	(1)	1(e)		