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TRANSPORTER OIL		
TRANSPORTER GAS		
OPERATOR		
PRORATION 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-
Effective 1-1-65

Operator

Doyle Hartman

Address

P. O. Box 10426 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well [X]
Recompletion [ ]
Change in Ownership [ ]

Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Munn-Harrison "B"	1	Jalmat (Gas)	State, Federal or Fee Fee	

Location

Unit Letter C : 660 Feet From The North Line and 2256 Feet From The West

Line of Section 7 Township 25-S Range 37-E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	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 88252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	June 7, 1982

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-20-82	6-4-82	3200	3116
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3169.5 GL	Yates	2808	3045
Perforations			**Depth Casing Shoe**
2808-2939 W/19 Shots (Yates)			3188

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8 OD 36 lb/ft	425'	250 sx (circ)
8 3/4	7 OD 23 lb/ft	3188'	700 sx (circ)

TEST 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)

OIL WELL

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**

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
211	24 Hours	--	--
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Orfice Tester	--	FCP=106	19/64

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.

Harry G. Mounger
(Signature)

Engineer
(Title)

June 4, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN [illegible] 1982, 19

BY

TITLE

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 new and recompleted wells.

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

INCLINATION REPORT

OPERATOR DOYLE HARTMAN ADDRESS 500 N. MAIN, MIDLAND, TX 79702

LEASE NAME MUNN HARRISON WELL NO. #2 FIELD

LOCATION

DEPTH	ANGLE INCLINATION DEGREES	DISPLACEMENT	DISPLACEMENT ACCUMULATED
433	3/4	5.6723	5.6723
978	3/4	7.1395	12.8118
1502	3/4	6.8644	19.6762
1729	3/4	2.9737	22.6499
2253	1	9.1700	31.8199
2750	1	8.6975	40.5174
3200	1	7.8750	48.3924

I hereby certify that the above data as set forth is true and correct to the best of my knowledge and belief.

CACTUS DRILLING COMPANY

Denise Leake

TITLE OFFICE MANAGER

AFFIDAVIT:

Before me, the undersigned authority, appeared DENISE LEAKE known to me to be the person whose name is subscribed herebelow, who, on making deposition, under oath states that he is acting for and in behalf of the operator of the well identified above, and that to the best of his knowledge and belief such well was not intentionally deviated from the true vertical whatsoever.

Denise Leake

AFFIANT'S SIGNATURE

Sworn and subscribed to in my presence on this the 28 day of MAY, 1982

SEAL

OFFICIAL SEAL
SIGNATURE Garlin R. Taylor
GARLIN R. TAYLOR
NOTARY PUBLIC-NEW MEXICO
NOTARY BOND FILED WITH SECRETARY OF STATE
MY COMMISSION EXPIRES FEBRUARY 6 1984

Notary Public in and for the County of Lea, State of New Mexico