

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 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-110
Effective 1-1-65

Operator Doyle Hartman	
Address Post Office 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

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Wells B-5	Well No. 2	Pool Name, Including Formation Jalpat (Gas) - Yates	Kind of Lease State, Federal or Fee Federal	Lease No. LC-055546
Location Unit Letter G : 1552 Feet From The North Line and 2230 Feet From The East				
Line of Section 5 Township 25-S Range 37-E, NMPM, Lea County				

II. 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 88252	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When No 5-16-83

If this production is commingled with that from any other lease or pool, give commingling order number:

V. COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>		
Date Spudded 3-30-83	Date Compl. Ready to Prod. 4-13-83	Total Depth 3350	P.B.T.D. 3338
Elevations (DF, RKB, RT, GR, etc.) 3249 G.L.	Name of Producing Formation Yates	Top Oil/Gas Pay 2975	Tubing Depth 3271
Perforations 20 shots from 2975-3159	Depth Casing Shoe 3350		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	9 5/8, 40 lb/ft	415	225 (circ)
8 3/4	7, 26 lb/ft	3350	500 (circ)

V. 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

GAS WELL		Bbls. Condensate/MMCF		Gravity of Condensate	
Actual Prod. Test-MCF/D	Length of Test	-----		-----	
120	24 Hours	Casing Pressure (Shut-in)		Choke Size	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	PCP= 60 (STCP= 112)		18/64	
Orifice Tester	-----				

VI. 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.	
<u>Michelle N. ...</u> (Signature)	
Administrative Assistant (Title)	
May 16, 1983 (Date)	

OIL CONSERVATION COMMISSION	
MAY 26 1983	
APPROVED	19
BY ORIGINAL SIGNED BY JERRY SEXTON	
DISTRICT I SUPERVISOR	
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 deviated tests taken on the well in accordance with RULE 111.	
All sections of this form must be filled out completely for allowable on now and completed 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	

RECEIVED
MAY 17 1983
O.C.D.
HOBBS OFFICE