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ND 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 type="checkbox"/>	Request allowable and show designation of transporter of condensate. Well has started producing some condensate with gas.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of Oil <input type="checkbox"/>	
Change in Transporter of Gas <input type="checkbox"/>	

If change of ownership give name and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE				
Lease Name Legal	Well No. 5	Pool Name, including Formation Jalmat (Gas) Yates	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter P ; 330 Feet From The South Line and 330 Feet From The East				
Line of Section 31 Township 25S Range 37E , NMPM, Lea County				

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 2 Petroleum Center, Suite 200, Midland, Texas 79701		
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Yes	When 8-12-83	
Unit P	Sec. 31	Twp. 25S	Rge. 37E

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X						
Date Spudded 7-29-83	Date Compl. Ready to Prod. 8-9-83	Total Depth 3350	P.B.T.D. 3335					
Elevations (DF, RKB, RT, GR, etc.) 2990 GL	Name of Producing Formation Yates	Top Oil/Gas Pay 2790	Tubing Depth 3080					
Perforations 2790-2892 w/19 shots (Jalmat Yates)			Depth Casing Shoe 3350					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8" 36 lb/ft		437		300 (Circ)			
8 3/4"	7" 26 lb/ft		3350		675 (Circ)			

VI. 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/MCF		Gravity of Condensate	
Actual Prod. Test - MCF/D 386	Length of Test 24 hours	3 BOPD		35.0	
Testing Method (spit, back pr.) Production Sep	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 130		Choke Size 25/64	

VII. 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.	
_____ (Signature)	
Engineer (Title)	
December 9, 1983 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED DEC 13 1983, 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 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 re-completed wells.	
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transporter, or other such change of condition.	

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