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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-110
Effective 1-1-65

Operator Doyle Hartman	
Address Post Office Box 10426 Midland, Texas 79702	
Reason(s) for filing (Check proper box)	On CASINGHEAD GAS MUST NOT BE FLARED AFTER 6/3/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cities-Thomas	Well No. 5	Pool Name, including Formation Langlie-Mattix (7 Rivers)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter A ; 990 Feet From The North Line and 990 Feet From The East Line of Section 19 Township 24S Range 37E , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, TX 77001					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1384, Jal, NM 88252					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 19	Twp. 24S	Rge. 37E	is gas actually connected? NO	When 4-9-84

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input 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 3-22-84	Date Compl. Ready to Prod. 4-3-84		Total Depth 3750		P.B.T.D. 3750			
Elevations (DF, RKB, RT, GR, etc.) 3299 G.L.	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 3495		Tubing Depth 3685'			
Perforations 3495-3585 with 17 shots					Depth Casing Shoe 3750' RKB			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	9-5/8" 36 lb/ft		430'		300 (circ)			
8-3/4"	7" 23 lb/ft		3750'		650 (circ)			
	2-3/8"		3685'					

V. 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)

Date First New Oil Run To Tanks 4-3-84	Date of Test 4-3-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure	Casing Pressure PCP= 17 psi	Choke Size 48/64
Actual Prod. During Test 29 BFPD	Oil-Bbls. 10 BOPD	Water-Bbls. 19 BWPD	Gas-MCF 35 MCFPD

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.

Michelle Hernandez
(Signature)
Administrative Assistant
(Title)
April 4, 1984
(Date)

OIL CONSERVATION COMMISSION

APPROVED APR 10 1984, 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 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 filed for each pool in multiply completed wells.