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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)		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

II. DESCRIPTION OF WELL AND LEASE

Lease Name B. M. Justis	Well No. 12	Pool Name, including Formation Jalmat (Oil) Seven Rivers	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location **Surface location BHL: 928 FNL 403 FEL (2) Section 19					
Unit Letter *** E : 1450 Feet From The North Line and 120 Feet From The East					
Line of Section 20 Township 25S 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"/> Permian Corp Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) North A at Wadley Two Petroleum Center, Suite 200, Midland TX 79702					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 20	Twp. 25S	Rge. 37E	Is gas actually connected? No	When October 10, 1984

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	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 9-6-84	Date Compl. Ready to Prod. 9-23-84		Total Depth 3680 MD (3560)		P.B.T.D. 3602 MD (3483)			
Elevations (DF, RKB, RT, GR, etc.) 3074	Name of Producing Formation Seven Rivers		Top Oil/Gas Pay 3382 (3266)		Tubing Depth 3536 (3418)			
Perforations 3382-3417					Depth Casing Shoe 3679 (3559)			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	9 5/8" 36 LB/FT		430 (430)		300 SX (Circ)			
8 3/4	7" 23 LB/FT		3679 (3559)		850 SX (Circ)			
	2 3/8"		3536 (3418)					

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 9-24-84	Date of Test 9-24-84	Producing Method (Flow, pump, gas lift, etc.) Pump 1 1/2 x 64 x 10	
Length of Test 24 hr.	Tubing Pressure ---	Casing Pressure PCP = 10	Choke Size 48/64
Actual Prod. During Test	Oil-Bbls. 4	Water-Bbls. 12	Gas-MCF 15

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.

Larry A. Newman
(Signature)

Engineer

(Title)

September 27, 1984

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT - 5 1984

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 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 multiple completed wells.

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OCT - 2 1984

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