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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

I. Operator Doyle Hartman

Address Post Office Box 10426 Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☐
Change in Ownership ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Wells Federal</u>	Well No. <u>18</u>	Pool Name, Including Formation <u>Jalmat (Yates)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM 0283328</u>
Location Unit Letter <u>M</u> ; <u>330</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line of Section <u>4</u> Township <u>25S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

III. 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)
<u>El Paso Natural Gas Company</u>	<u>P. O. Box 1492 El Paso, Texas 79978</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>No</u> <u>March 1985</u>

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		<u>X</u>	<u>X</u>					
Date Spudded <u>2-18-85</u>	Date Compl. Ready to Prod. <u>3-18-85</u>		Total Depth <u>3350</u>		P.B.T.D. <u>3342</u>			
Elevations (DF, RAB, RT, GR, etc.), <u>3189.9 G.L.</u>	Name of Producing Formation <u>Yates</u>		Top Oil/Gas Pay <u>2979</u>		Tubing Depth <u>3200</u>			
Perforations <u>2979-3126 w/23 Yates</u>					Depth Casing Shoe <u>3350</u>			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17-1/2</u>	<u>16" 55 lb/ft</u>		<u>40'</u>		<u>25 sx (circ)</u>			
<u>14-3/4</u>	<u>9-5/8" 40 lb/ft</u>		<u>440'</u>		<u>300 sx (circ)</u>			
<u>8-3/4</u>	<u>7" 26 lb/ft</u>		<u>3350'</u>		<u>750 sx (circ)</u>			

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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water-Bble.	Gas-MCF
Actual Prod. During Test	Oil-Bble.		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/M-MCF	Gravity of Condensate
<u>187</u>	<u>24 hours</u>		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>Orifice Tester</u>		<u>SICP= 54 psi PCP=51 psi</u>	<u>40/64</u>

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)

March 18, 1985

(Date)

OIL CONSERVATION COMMISSION
APR - 9 1985
APPROVED _____
BY _____ ORIGINAL SIGNED BY JERRY GERTON
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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MAR 20 1985

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