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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COM. ON  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Superseding 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: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Carlson Federal Corp.	Well No. 42	Pool Name, Including Formation Jalmat (Gas) Yates	Kind of Lease State, Federal or Fed Federal	Lease No. LC-032579
Location Unit Letter L : 1650 Feet From The South Line and 660 Feet From The West Line of Section 22 Township 25S Range 37E, NMPM, Lea 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)
El Paso Natural Gas Co.	P. O. Box 1492 El Paso, Texas 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? No When Waiting on pipeline.

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 Resv.	Diff. Resv.
		X	X					
Date Spudded 8-14-85	Date Compl. Ready to Prod. 9-12-85	Total Depth 3625	P.B.T.D. 3275					
Elevations (DF, RKB, RT, GR, etc.) 3086.6 G.L.	Name of Producing Formation Yates	Top Oil/Gas Pay 2885	Tubing Depth 3149					
Perforations 2885-3025 with 21 shots (Yates)							Depth Casing Shoe 3625	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
14-3/4	9-5/8	412	350 (circ)					
8-3/4	7	3625	750 (circ)					
	2-3/8	3149						

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

Actual Prod. Test-MCF/D 147 MCFPD	Length of Test 24 hours	Bbls. Condensate/MMCF ----	Gravity of Condensate ---
Testing Method (pilot, back pr.) Orifice tester	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) PCP= 58 psi	Choke Size 20/64

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.

Michelle Amador  
(Signature)

Administrative Assistant  
(Title)

September 17, 1985  
(Date)

OIL CONSERVATION COMMISSION

APPROVED FEB 21 1986, 19

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 deviated 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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