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U.S.G.S.	
LAND 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-11
Effective 1-1-65

I. OPERATOR
Operator: Doyle Hartman
Address: Post Office Box 10426 Midland, Texas 79702
Reason(s) for filing (Check proper box):
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Carlson Federal Well No.: 5 Pool Name, including Formation: Langlie Mattix (Queen-Penrose) Kind of Lease: Federal Lease No.: NM-0766
Location: Unit Letter H; 1750 Feet From The North Line and 990 Feet From The East
Line of Section 26 Township 25S Range 37E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company 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? When
No 1-86

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 Resrv.	Diff. Resrv.
		X	X					
Date Spudded: 12-10-85	Date Compl. Ready to Prod.: 1-05-86	Total Depth: 3441	P.B.T.D.: 3415					
Elevations (DF, RKB, RT, CR, etc.): 3060.3 G.L.	Name of Producing Formation: Queen Penrose	Top Oil/Gas Pay: 2961	Tubing Depth: 3273					
Perforations: 2961-3191 (Queen-Penrose)	TUBING, CASING, AND CEMENTING RECORD		Depth Casing Shoe					
HOLE SIZE: 14-3/4	CASING & TUBING SIZE: 9-5/8	DEPTH SET: 414	SACKS CEMENT: 350 sx (circ)					
8-3/4	7	3441	900 sx (circ)					

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: 388	Length of Test: 24 hours	Bbls. Condensate/MMCF: ----	Gravity of Condensate: ----
Testing Method (pitot, back pr.): Orifice Tester	Tubing Pressure (Shut-in): ----	Casing Pressure (Shut-in): PCP= 60 (SICP= 75 psi)	Choke Size: 32/64"

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. Penner
(Signature)
Engineer
(Title)
January 6, 1986
(Date)

OIL CONSERVATION COMMISSION
JAN 22 1986
APPROVED _____, 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.

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JAN 20 1986

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