

DISTRIBUTION.			
SANTA FE			
FILE			
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-111
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"/>
Approval to flare casinghead gas from this well must be obtained from the Minerals Management Service 12447	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gregory "A"	Well No. 8	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee Federal	Lease No. LC-054667
Location Unit Letter I : 2310 Feet From The South Line and 990 Feet From The East Line of Section 33 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"/> Texas-New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528 Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492 El Paso, Texas 79978					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 33	Twp. 25S	Rge. 37E	Is gas actually connected? No	When 1-03-86

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 <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 12-18-85	Date Compl. Ready to Prod. 1-03-86		Total Depth 3535		P.B.T.D. 3526			
Elevations (DF, RKB, RT, GR, etc.) 2999.3 G.L.	Name of Producing Formation Queen-Penrose		Top Oil/Gas Pay 3065		Tubing Depth 3406			
Perforations 3065-3173 w/17 Queen-Penrose					Depth Casing Shoe 3535			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14-3/4	9-5/8 36 lb/ft		422		300 (circ)			
8-3/4	7 26 lb/ft		3535		1400 (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 1-02-86	Date of Test 1-02-86	Producing Method (Flow, pump, gas lift, etc.) Pumping (1-1/4 x 64 x 10-1/2)	
Length of Test 24 hours	Tubing Pressure	Casing Pressure PCP= 80 psi	Choke Size 20/64
Actual Prod. During Test	Oil-Bbls. 6 BOPD	Water-Bbls. 12 BWPD	Gas-MCF 275 MCFPD

GAS WELL

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

OIL CONSERVATION COMMISSION

APPROVED JAN 7 - 1986, 19

BY ORIGINAL SIGNED BY JERRY BEXTON
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 deviator tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on now 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.

Administrative Assistant

January 3, 1986

(Date)