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Appropriate District Office
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1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Doyle Hartman		Well API No. 30-025-30703
Address P. O. Box 10426, Midland, Texas 79702		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> 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 Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jack A-20	Well No. 11	Pool Name, Including Formation Jalmat (Tansil-Yates-7R)	Kind of Lease State, Federal or Fee	Lease No. LC-032326A
Location Unit Letter <u>J</u> : <u>2180</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>20</u> Township <u>24S</u> Range <u>37E</u> , 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)	
Northern Natural Gas Company		P.O. Box 1188, Houston, TX 77251-1188
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?		When ?
No		WOPL Connection

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 Res'v	Diff Res'v
		XX	XX					
Date Spudded 10-24-89	Date Compl. Ready to Prod. 11-4-89	Total Depth 3472' RKB		P.B.T.D. 3450' RKB				
Elevations (DF, RKB, RT, GR, etc.) 3265.5 G.L.	Name of Producing Formation Yates	Top Oil/Gas Pay 2943		Tubing Depth 3319' RKB				
Perforations 1 SPF 2943, 46, 48, 88, 93, 3019, 37, 40, 43, 56, 70, 78, 84, 87, 90, 3137, 40, 42, 51, 53, 64, 68, 71, 75 and 3178 (25 holes)		TUBING, CASING AND CEMENTING RECORD		Depth Casing Shoe 3469' RKB				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
12-1/4	9-5/8"	467' RKB		350 sx (circ)				
8-3/4	7"	3469' RKB		930 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 Tank	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 29.3	Length of Test 72 hours	Bbls. Condensate/MMCF Trace	Gravity of Condensate ---
Testing Method (pitot, back pr.) Pitot	Tubing Pressure (Shut-in) FCP = 12 psig	Casing Pressure (Shut-in) SICP 108	Choke Size 16/64

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Michäel Stewart
Engineer
Printed Name
12-7-89
Date
914/684-4011
Telephone No.

OIL CONSERVATION DIVISION

MAR 19 1990

Date Approved

By Orig. Signed by

Paul Kautz
Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.