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U.S.G.S.		
LAND OFFICE		
TRANSPORTER — OIL		
TRANSPORTER — GAS		
OPERATOR		
PRORATION OFFICE		

Operator: Doyle Hartman

Address: P. O. Box 10426, Midland, Texas 79702

Reason(s) for filing (Check proper box)

- New Well [ ]
- Recompletion [ ]
- Change in Ownership [X]

Change in Transporter of:
- Oil [ ]
- Casinghead Gas [ ]
- Dry Gas [X]
- Condensate [ ]

Other (Please explain)

If change of ownership give name and address of previous owner __AA Energy Corporation, 1500 Fidelity Union Tower, Dallas, Texas 75201__

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Toby	2	Jalmat (Yates-Seven Rivers)	State, Federal or Fee — Fee	

Location

Unit Letter __K__ ; __1980__ Feet From The __South__ Line and __1980__ Feet From The __West__

Line of Section __7__ Township __24S__ Range __37E__ , NMPM, __Lea__ County

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 [X] — El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) — P. O. Box 1384, Jal, New Mexico 88252

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					Yes	1947

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 G. [signature]
(Signature)

Engineer
(Title)

March 8, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 2 1982** , 19____

BY **ORIGINAL SIGNED BY**
JERRY SEXTON

TITLE **DISTRICT 1 SUPR.**

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 a well name or number, or transporter, or other such change of conditions.