

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL GAS		
OPERATOR			
PRORATION OFFICE			

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

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

Operator Doyle Hartman

Address Post Office Box 10426, Midland, Texas 79702

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)
Change of operator effective 12-31-87 - Wellbore only
change lease name and well # from myers Langlie mattix UT # 199

If change of ownership give name and address of previous owner Texaco Producing, Inc., Post Office Box 728, Hobbs, New Mexico 882

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hodge Myers Langlie Mattix Unit 199	Well No. 3	Pool Name, Including Formation Langlie Mattix-7Rivers-Quee	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter B ; 660 Feet From The North Line and 1980 Feet From The East				
Line of Section 8 Township 24S 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"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co.	Post Office Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	Post Office 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
	G 5 24S 37E

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't.	Diff. Res't.
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

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

Michelle Wilcox
(Signature)

(Title)

January 15, 1989
(Date)

OIL CONSERVATION COMMISSION

FEB 03 1989

APPROVED _____, 19

BY _____
Orig. Signed by
Paul Kautz
Geologist

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 production 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 change of owner, well name or number, or transporter, or other such change of condition.