

NEW MEXICO OIL CONSERVATION COMMISSION		Form C-104 Supersedes Old C-104 and C-111 Effective 1-1-65	
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
NO. OF COPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER		OIL	
		GAS	
OPERATOR			
PRODUCTION OFFICE			
Operator Doyle Hartman			
Address Post Office Box 10426, Midland, Texas 79702			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	Change to be effective
Recompletion	<input type="checkbox"/>	Oil <input type="checkbox"/>	September 1, 1984
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	
		Dry Gas <input type="checkbox"/>	
		Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner Sun Exploration and Production Company P. O. Box 1861, Midland, Texas 79702			
DESCRIPTION OF WELL AND LEASE			
Lease Name Jack	Well No. 1	Pool Name, including Formation Jalmat (Gas) Tansill Yates Seven Rivers	Kind of Lease State, Federal or Fee Fed. NM-0321613
Location			
Unit Letter E	: 1980	Feet From The North Line and 660	Feet From The West
Line of Section 8	Township 24S	Range 37E	NMPM, Lea County
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)	
El Paso Natural Gas Company		Two Petroleum Center, North A at Wadley, Midland, TX 79705	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.
		Rge.	Is gas actually connected? When
			Yes Unknown
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, RNB, RT, CR, 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 (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)			
OIL WELL			
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 (Shot-in)	Casing Pressure (Shot-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.			
APPROVED SEP 14 1984			
BY ORIGINAL SIGNED BY JERRY LEXTON			
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 allow-able 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.			
Separate Form C-104 must be filed for each pool in multi-planned wells.			
Michelle Rembert for Jerry Lexton Engineer September 7, 1984			

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