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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-110  
Effective 1-1-65

Operator Doyle Hartman	
Address 508 C & K Petroleum Building, Midland, Texas 79701	
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"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

I. DESCRIPTION OF WELL AND LEASE

Lease Name Fowler State	Well No. 1	Pool Name, Including Formation Langlie Mattix (Queen)	Kind of Lease State, Federal or Fee State	Lease No. B-934
Location Unit Letter <u>K</u> ; <u>2210</u> Feet From The <u>South</u> Line and <u>2235</u> Feet From The <u>East</u>				
Line of Section <u>16</u> Township <u>24-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

II. 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	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
		No 10-27-77

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X	X					
Date Spudded 9-20-77	Date Compl. Ready to Prod. 10-14-77		Total Depth 3564		P.B.T.D. 3527			
Elevations (DF, RKB, RT, GR, etc.) 3254 RKB	Name of Producing Formation Queen		Top Oil/Gas Pay 3211		Tubing Depth 3240			
Perforations 3211 - 3296 w/14 (Queen)					Depth Casing Shoe 3564			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8, 28#		473		300 sx			
7 7/8	4 1/2, 10.5#		3564		1300 sx			

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 284	Length of Test 24 hours	Bbls. Condensate/MMCF ----	Gravity of Condensate ----
Testing Method (pilot, back pr.) choke nipple	Tubing Pressure (shut-in) FTP=180	Casing Pressure (Shut-in) FCP=190	Choke Size 16/64

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.

Doyle Hartman  
(Signature)

Operator-Part Owner  
(Title)

10-14-77  
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV, 19\_\_\_\_  
BY [Signature]  
TITLE [Signature]

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

WELL NAME AND NUMBER Fowler State #1

LOCATION Sec. 16, T-24-S, R-37-E  
(Give Unit, Section, Township and Range)

OPERATOR Doyle Hartman

DRILLING CONTRACTOR Capitan Drilling Co., Inc.

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>	<u>Degrees @ Depth</u>
<u>1 1/4 @ 450</u>	<u>                    </u>	<u>                    </u>
<u>3/4 @ 1660</u>	<u>                    </u>	<u>                    </u>
<u>1 @ 2429</u>	<u>                    </u>	<u>                    </u>
<u>1 @ 2630</u>	<u>                    </u>	<u>                    </u>
<u>3 @ 2980</u>	<u>                    </u>	<u>                    </u>
<u>3 @ 3080</u>	<u>                    </u>	<u>                    </u>
<u>1/4 @ 3400</u>	<u>                    </u>	<u>                    </u>
<u>                    </u>	<u>                    </u>	<u>                    </u>
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Drilling Contractor Capitan Drilling Co., Inc.

By: Marvin L. Smith  
October, 1977

Subscribed and sworn to before me this 4 day of October, 1977

Brenda Stone  
Notary Public  
Brenda Stone  
Ector County Texas

My Commission Expires: March 14, 1979