

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
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-105
Effective 1-1-65

Operator
Doyle Hartman
Address
508 C & K Petroleum Bldg; Midland, Texas 79701

Reason(s) for filing (Check proper box)
New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Fowler State	Well No. 2	Pool Name, including Formation Langlie Mattix	Kind of Lease State, Federal or Fee State	Lease No. B-934
Location Unit Letter L, 2310 Feet From The South (Queen) Line and 990 Feet From The West Line of Section 16 Township 24-S Range 37-E, 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)
El Paso Natural Gas Co.	Box 1384, Jal, N. M. 88252
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When No 2-24-78

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 Hole	Diff. Res.
		X	X					
Date Spudded 1-18-78	Date Compl. Ready to Prod. 2-12-78	Total Depth 3504	P.B.T.D. 3480					
Elevations (DF, RKB, RT, GR, etc.) 3244	Name of Producing Formation Queen	Top Oil/Gas Pay 3239	Tubing Depth 3230					
Perforations 3239-3324 W/19 (Queen)	Depth Casing Shoe 3504							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2	8 5/8, 28#	447	325 SX					
7 7/8	4 1/2, 10.5#	3504	750 SX					

VI. 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 298	Length of Test 24 hrs.	Bbls. Condensate/MMCF ----	Gravity of Condensate ----
Testing Method (pilot, back pr.) Choke nipple	Tubing Pressure (Shut-in) FTP=145	Casing Pressure (Shut-in) FCP=185	Choke Size 18/64

VII. 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)

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19__

BY _____
SUPERVISOR DISTRICT I
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 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.

RECEIVED

FEB 15 1978

OIL CONSERVATION COMM.
HOBBS, N. M.