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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-1
Effective 1-1-65

I.

Operator Doyle Hartman	
Address P.O. Box 10426, Midland, Texas 79702	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Request Test Allowable to sell 250
Recompletion <input type="checkbox"/>	Barrels oil produced during testing
Change in Ownership <input type="checkbox"/>	period.
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Phillips - Goldston	Well No. Pool Name, including Formation 2 Jalmat (Oil)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter H : 1674 Feet From The North Line and 472 Feet From The East Line of Section 26 Township 24-S Range 36-E, 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)
Permian Corporation	P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
H 26 24-S 36-E	No

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't <input type="checkbox"/> Diff. Res't <input type="checkbox"/>		
Date Spudded 8-14-79	Date Compl. Ready to Prod. 9-12-79	Total Depth 3400	F.B.T.D. 3305
Elevations (DF, RKB, RT, GR, etc.) 3309 G.L.	Name of Producing Formation Yates	Top Oil/Gas Pay 3017	Tubing Depth 3220
Perforations			Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4	8 5/8	400	325
7 7/8	5 1/2	3400	650

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 9-10-80	Date of Test 9-10-80	Producing Method (Flow, pump, gas lift, etc.) Pump
Length of Test 24	Tubing Pressure ---	Casing Pressure ECP 140
Actual Prod. During Test	Oil-Bbls. 0	Water-Bbls. 215
		Choke Size 10/64
		Gas-MCF 45

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.

Larry G. Nemmyer
(Signature)

Engineer
(Title)

July 15, 1980
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUL 21 1980, 19

BY John W. Nemmyer

TITLE Geologist

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 deviated 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.

Separate Forms C-104 must be filed for each pool in multi-completed wells.