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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-11
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 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name E. E. Jack	Well No. 5	Pool Name, including Formation Jalpat (Gas) Tansill-Yates	Kind of Lease State, Federal or Foreign Federal	Lease No. NM-0321613
Location				
Unit Letter D ; 990 Feet From The North Line and 660 Feet From The West				
Line of Section 8 Township 24S Range 37E, NMPLM, 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 Company	P. O. 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
					No	Waiting on Pipeline

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 Resv.	Diff. Resv.
			X	X					
Date Spudded 9-28-85	Date Compl. Ready to Prod. 10-15-85	Total Depth 3500		P.B.T.D. 3492					
Elevations (DF, RKB, RT, GR, etc.) 3312.0 G.L.	Name of Producing Formation Tansill-Yates	Top Oil/Gas Pay 2768		Tubing Depth 2955					
Perforations 2768-3164 w/24 shots (Tansill-Yates)		OKK2		Depth Casing Shoe 3500					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
14-3/4	9-5/8		402		200 (circ)				
8-3/4	7		3498		1150 (circ)				
	2-3/8		2955						

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 120 MCFPD	Length of Test 24 hours	Bbls. Condensate/MMCF ----	Gravity of Condensate ----
Testing Method (pilot, back pr.) Orifice Tester	Tubing Pressure (shut-in) FTP= 198 psi	Casing Pressure (shut-in) FCP= 206 SIP= 211	Choke Size 10/64

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.

[Signature]
(Signature)

Administrative Assistant
(Title)

October 17, 1985
(Date)

OIL CONSERVATION COMMISSION
APPROVED **DEC 11 1985**, 19
BY **Eddie W. Seay**
TITLE **Oil & Gas Inspector**

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 available tests taken on the well in accordance with RULE 1101.
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.

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OCT 21 1985
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