Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hoobs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Depar ant

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	TOT	PANSPORT	ARLE AND AUTHOR	IORIZATION	I		
Operator		NANSFORT (	OIL AND NATURA		I API No.		
Doyle Hartman		30-025-30618					
Address Post Office Box 1042	% Midland T	'ovag 70702					
Reason(s) for Filing (Check proper be		exas /9/02					
New Well		e in Transporter of:	Other (Pleas	e explain)			
Recompletion   Change in Transporter of:							
Change in Operator	Casinghead Gas		]				
If change of operator give name and address of previous operator	3						
II. DESCRIPTION OF WEI	I AND I BACE		····				<del></del>
Lease Name	uding Formation	ding Formation Kind		1.61			
Liberty Royalties	Well N	6 Jalmat Yat		L = - 7 R •		of Lease Lease, Federal or Fee	
Location		<del></del>	``				<del></del> -
Unit LetterO	:660	Feet From The	South Line and	1400	eet From The	last	
Section 7 Town	iship 24S	_	275	_	cerrom the		Line
Section / Town	iship 245	Range	37E , NMPM,	Lea			County
III. DESIGNATION OF TR	ANSPORTER OF	OIL AND NAT	URAL GAS				
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)							
Name of Austria							
Name of Authorized Transporter of Ca	Address (Give address to which approved copy of this form is to be sent)						
Northern Natural Gas Co.  If well produces oil or liquids, Unit   Sec.   Twp.   Rg			P. O. Box 1188, Houston, Texas 77251				
give location of tanks.		1 P. 1 Age	No		· -		
If this production is commingled with the	at from any other lease of	or pool, give commin	gling order number:	I WC	PL ASAP	<del></del>	
IV. COMPLETION DATA	<del></del>						
Designate Type of Completic	on - (X) I		New Well   Workov	er Deepen	Plug Back Same	e Res'v Di	ff Res'v
Date Spudded	Date Compi. Ready to Prod.		XX Total Depth		P.B.T.D.		
8-19-89	8-29-89		1	3485' RKB		י סעס	_
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		3459' RKB Tubing Depth		
3305 G.L. Yates-7 Rivers		2944'		3301'			
Perforations 2944, 48, 64, 67, 71 83, 85, 3003, 37, 3105, 08, 12, 16, 20, 24, 27, 62, 71, 77			79, 84, 93, 96,		Depth Casing Shoe		
3103, 00, 12, 10, 20,			(T) (T) (T) (C D T)		3486	' RKB	
HOLE SIZE	TUBING, CASING AND ( CASING & TUBING SIZE		DEPTH SET				
12-1/4"	9-5/8"	9-5/8"		421		SACKS CEMENT 250 sx (circ)	
8-3/4"	7"		3486		1100 sx (circ)		
	2-3/8"		3501				
. TEST DATA AND REQUE	EST FOR ALLOW	ABLE					
IL WELL (Test must be after	recovery of total volume	of load oil and must	be equal to or exceed top	allowable for this	double to co	n	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow	, pump, gas lift, et	c.)	24 hours.)	
ength of Test							
agai or res	Tubing Pressure		Casing Pressure		Choke Size		
ctual Prod. During Test	ual Prod. During Test Oil - Bbls.		Water - Bbis				
			Trace - Boia.		Gas- MCF		
GAS WELL			L			- <del></del>	
ctual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMCF		Convince Cond		
181	24 hours	24 hours		0		Gravity of Condensate	
sung Method (puot, back pr.)		_		Casing Pressure (Shut-in)		Choke Size	
Pitot	0		151		64/64		
I. OPERATOR CERTIFIC	ATE OF COMP	'LIANCE	01.00	NICEDIA.	TION		
I hereby certify that the rules and regul Division have been complied with and	OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.			JAN 3 0 1990				
UK	<u> </u>		Date Approv	ea			
Signature	By	ORIGINAL	GNED BY 1901	an centur	N		
Signature Michael Stewart	By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name		Tide	Title				
10-9-89 Date		584-4011 phone No.	Title		<del></del>		
	1 C1C	AINTIG LTO, I	İ.				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

DET 11 089