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Appropriate District Office  
DISTRICT I  
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DISTRICT II  
P.O. Drawer DI, Artesia, NM 88210

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Hal J. Rasmussen, Operating Inc. Well API No. \_\_\_\_\_  
Address 6 Desta Drive, Suite 2700, Midland, TX 79705  
Reason(s) for Filing (Check proper box)  New Well  Change in Transporter of:  Other (Please explain) \_\_\_\_\_  
 Recompletion  Oil  Dry Gas   
 Change in Operator  Casinghead Gas  Condensate   
If change of operator give name and address of previous operator Marks & Garner Production Company, P O Box 70, Lovington, NM 88260

II. DESCRIPTION OF WELL AND LEASE

|   |                      |  |                                    |                            |
|---|----------------------|--|------------------------------------|----------------------------|
| Lease Name<br><u>West Wilson</u>  | Well No.<br><u>1</u> | Pool Name, Including Formation<br><u>West Wilson</u> | Kind of Lease<br><u>XXXXXXXXXX</u> | Lease No.<br><u>B-9446</u> |
| Location<br>Unit Letter <u>B</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1930</u> Feet From The <u>East</u> Line<br>Section <u>21</u> Township <u>21S</u> Range <u>34E</u> , NMPM, Lea County |                      |  |                                    |                            |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL 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 Authorized Transporter of Casinghead Gas  or Dry Gas  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 ?  
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) | <input type="checkbox"/> Oil Well | <input type="checkbox"/> Gas Well | <input type="checkbox"/> New Well | <input type="checkbox"/> Workover | <input type="checkbox"/> Deepen | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Same Res'v | <input type="checkbox"/> Diff Res'v |
| Date Spudded                       | Date Compl. Ready to Prod.        | Total Depth                       |                                   | P.B.T.D.                          |                                 |                                    |                                     |                                     |
| Elevations (DF, FKB, RT, GR, etc.) | Name of Producing Formation       | Top Oil/Gas Pay                   |                                   | Tubing Depth                      |                                 |                                    |                                     |                                     |
| Perforations                       | Depth Casing Shoe                 |                                   |                                   |                                   |                                 |                                    |                                     |                                     |

TUBING, CASING AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

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 Tank \_\_\_\_\_ 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 \_\_\_\_\_ Length of Test \_\_\_\_\_ Bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
Testing Method (prior, back pr.) \_\_\_\_\_ Tubing Pressure (Shut-in) \_\_\_\_\_ Casing Pressure (Shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Scott Ramsey  
Signature Scott Ramsey Vice-President  
Printed Name 08-01-91 Title 915-687-1664  
Date \_\_\_\_\_ Telephone No. \_\_\_\_\_

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

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.