Submit 5 Cocies
Appropriate Diariat Office
DISTRICT 1
P.O. Box, 1980, Hoobs, NM 88240

## State of New Mexico nergy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION DISTRICT II
P.O. Drawer DD, Arteda, NM \$8210 P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Britos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.		10 10	VIAO	FORT OIL	. AND NA	TO TIAL CA	70	L YAKI KI			
Openior HAL J. RASMUSSEN OPERATING, INC.						Well API No. 30-025-12082					
Addrui 300 WEST WALL; SUITI			D. 1	TEXAS 79	<del></del>						
Reason(s) for Filing (Check proper box)						her (Please expl	oin)				
New Well		Change in				•					
Recompletion Cil M Dry Gis Condensite Condensite Condensite Condensite Condensite Condensite Circumstance Condensite Cond										1993	
Change in Operator give name	Crapher	4 C11 [	Coo	300018 []							
ruq roquen of busings obsured.		~ ~ ~	<u>- ·</u>	نه به از د د د د د د د د د د د د د د د د د د							
II. DESCRIPTION OF WELL AND LEASE									of Lesse Na		
EAVES A	Well No. Pool Name, Includi 14 Scharborou							i of Leaus X Federal or Fes X	Federal or Fea LC-030168-A		
Location	6	60	<del></del>	N	orht	66	.n		West		
Unit Letter	- :	00	. Feel	From The _N	UITT L	se 20d		F∝t From The _	WEST	Line	
Section 30 Townshi	p 26	South	Rang	37 Ea	st ,	імум,	<u> </u>	LEA		County	
TI. DESIGNATION OF TRAN	SPORTE	r of o	IL A	UTAN DN	RAL GAS						
Name of Authorized Transporter of Oil XX or Coodentate						Address (Give address to which approved copy of this form is to be sen)					
Scurlock Permian Corp						P.O. Box 3119, Midland, Texas 79702  Address (Give address to which approved copy of this form is to be seen)					
Name of Authorized Transporter of Caringhead Gas XX or Dry Gas Sid Richardson Gasline Co.						VOCIETS [O IM GOOD TO MUICA APPROVE COPY OF IND JOURN D TO SE 100]					
If well produces oil or liquides,	Ualt	Sec.	Twp	. Rgc.	Is gas actually connected? When ?						
this production is commingled with that	liom my ch	er lease or	pool,	give commingi	ing order nun	iber:					
V. COMPLETION DATA		Oil Well		Ost Well	Now Well	Workover	Deepea	Plug Back S	iama Rec'y	DITT RES'Y	
Designate Type of Completion		<u>i</u>	i_		<u> </u>	j	<u> </u>	1			
Data Standford	Date Compl. Ready to Prod.				Tail Depth			P.B.T.D.			
Elevations (DF, RXB, RT, GR, etc.)	Name of Producing Formation				Top OiVG18 Pay			Tubing Depth	Tubing Depth		
Performion:									Depth Casing Shoe		
						NO DECOD					
TUBING, CASING AND					CEMENTI	DEPTH SET	<u> </u>	SA	SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEFINOCI			- <del> </del>			
	<del> </del>										
, TEST DATA AND REQUES	T FOR A	LLOW	BLI	€							
OIL WELL Tulmul be ofter 1	ecovery of los	ial volume	of loo	d oil and must	be equal to o	exceed top allo	wable for 18	is depth or be for	· Jul 24 hou	vz.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)					
Leogth of Tex	Tubing Pressure				Casing Pressure			Choke Size	Choke Size		
Actual Prod. During Test	Oil - Dpir				WHEL- BPIT			Gu- MCF	Gu-MCF		
Committee Down's 164	On - Bott							<u> </u>			
GAS WELL	,				(80) A.J.	A O / C E		I Cavily of Co	odensala	<del></del>	
Leurs Prod. Test - MCF/D	Leogh of Test				Delt Condents WWCI.			Gravity of Coodensals			
esting Method (pitch, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-la)			Choka Siza	Choke Size		
/L OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE		OIL CON	ISERV	'ATION D	IVISIC	NC	
I hereby certify that the rules and regulations of the Oil Contervation Division have been compiled with and that the information given above It true and complete to the best of my provided se and belief.					Date Approved 0CT 29 1993						
M/1/	John .				Dail						
Signature					Ву_			FO BY JERRY		4	
Michael P. Jobe	/	. A	gent 加。	<u> </u>	רווד			I SUFER VIS			
10-27-93		(915	) 68	37-1664	111119						
Date		Tele	pbood	No.							

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.