

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator

Hal J. Rasmussen

Address

306 W. Wall, Suite 600, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

Oil

casinghead Gas

Dry Gas

Condensate

Other (Please explain)

Effective Dec. 1, 1988

If change of ownership give name and address of previous owner

Sun Exploration & Production Company P.O. Box 1861, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name State A A/C 1	Well No. 91	Pool Name, including Formation Langlie Mattix Seven	Kind of Lease State, Federal or Fee State	Lease State
Location Unit Letter C : 660	Feet From The North	Line and 2310	Feet From The West	Lea
Line of Section 15	Township 23S	Range 36E	, NMPM.	

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)
Texas New Mexico Pipeline Co.	Box 42130, Houston, Tx 77242
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co. + Phillips 66 Natl Gas	Box 1492, El Paso, Tx 79978
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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Wm. Scott Ramsey

(Signature)

Wm. Scott Ramsey General Manager

12-6-88

(Date)

OIL CONSERVATION DIVISION

APPROVED

DEC 29 1988

BY

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT SUPERVISOR

TITLE

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 deviate 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 multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)				Oil Well	Gas well	New well	Workover	Deepen	Plug Back	Some Re-ent.	Drill. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, CR, 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 (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	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, pack pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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