

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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 79702

**II. DESCRIPTION OF WELL AND LEASE**  
 Lease Name State A A/C 1 Well No. 112 Pool Name, including Formation, Jalmat Tansil Yates Kind of Lease State Lease No. \_\_\_\_\_  
 Location Seven Rivers State, Federal or Fee State  
 Unit Letter J : 1650 Feet From The East Line and 2310 <sup>2210</sup> Feet From The South  
 Line of Section 21 Township 23 Range 36 NMPM, \_\_\_\_\_ County \_\_\_\_\_

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**  
 Name of Authorized Transporter of Oil  or Condensate   
Shell Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Box 2648, Houston, Tx 77001  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
El Paso Natural Gas Co. Phillips 66 Nat'l Gas Address (Give address to which approved copy of this form is to be sent) 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  
 (Title)  
12-6-88  
 (Date)

OIL CONSERVATION DIVISION  
 APPROVED JAN 3 1989 19 \_\_\_\_\_  
 BY Orig. Signed by Paul Kautz  
 Geologist  
 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 deviation 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 filled for each pool in multiply completed wells.

**IV. COMPLETION DATA**

Designate Type of Completion - (X)		Oil well	Gas well	New well	Workover	Deepen	Plug Back	Same Res'v.	DILL. Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
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 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, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

DEC 1988