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

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

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

הופדדורד ווו

1000 Rio Brizos Rd., Aziec, NM 87410	DEOUEST	T EOD AI	1.1.014/4							
I.					AUTHORI					
Operator	TO TRANSPORT OIL AND NATURAL					Well API No.				
Hal J. Rasmussen Op	en Operating, Inc.							-025-09402		
Six Desta Drive, St	uite 5850	Midland	Тожа	a 70705						
Reason(s) for Filing (Check proper box)	11LE 3030;	midiand	, lexa		her (Please explo	211)				
New Well		ge in Transpo		_	•	•				
Recompletion Change in Operator	Oil Codinghaut Cod	Day Ca								
If change of operator give name	Casinghead Gas	Cooder	126							
and address of previous operator		·	· · · · · · · · · · · · · · · · · · ·							
II. DESCRIPTION OF WELL										
Lesse Name	Well	No. PoolN 24 Ja	ame, Includ	ing Formation	(Pro Ga I Yt Sev	s) Kind	of Lease	Lea	se Na	
State A A/C 1		24 Ja	Illat	TallS11.	1 11 260	RVIS		<u> </u>		
Unit Letter N	99	O Feet Fr	on The	South	ne and	1650	eet From The	West	••	
Section 24 Townshi	23 S			—- 6 г		_			Line	
Section 24 Townshi	<u>p</u> 23 3	Range		4, 40	ІМРМ,	Lea			County	
III. DESIGNATION OF TRAN			D NATU							
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be zent)					
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)									
XCel Gas Co.				Six Des	ta Drive,	Suite	5800, Midland, Tx 79705			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp	Rge		ly connected?	When	17 , /			
f this production is commingled with that	from any other 'eas	or root riv	ia commissi	ye	S		12/1/80	<u> </u>		
V. COMPLETION DATA		ou pou, gr	• comming	nus otest sou						
Designate Type of Completion	∞ loii ≀	Well C	Gas Well	New Well	Workover	Doepen	Plug Back Sa	ıme Res'v	Diff Res'v	
Date Spudded	Date Compl. Read	du la Pad		Total Dist	<u> </u>		<u>i i</u>			
	Date Compt. Read	y w Prod		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producin	g Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations										
·····							Depth Casing S	ihoe		
	TUBIN	IG, CASIN	NG AND	CEMENTI	NG RECORI		<u> </u>			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							<u> </u>			
							 			
IL WELL GOT MUST be after to							·			
Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
					, , , , , , , , , , , , , , , , , , ,	, p., 2	••.7			
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bble.			Water - Bbls.			Jas- MCF			
									Î	
GAS WELL	<u> </u>				 -		-			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	E16/MMCF	<u> </u>	Gravity of Cond	ensale		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)						
week week to the same that the same same							Choke Size			
L OPERATOR CERTIFICA	ATE OF CON	/PI IAN	CE				J			
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				DEC 1 8 1989						
The sea compress of the cent of my knowledge and better.				Date ApprovedDEGI. 0 1300						
Sach										
Signature Jay Cherski Agent				By						
Printed Name / Title				ORIGINAL SIGNED BY JERRY SEXTON TITLE DISTRICT SUPERVISOR						
12/11/89 Date		87-1664 elephone No.					· - ALEUNIO	45		
- •	•		· I	I						

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.

 A) Separate Form C-104 must be filed for each roal in multiply completed walls.