Hal J. Rasmussen Operating, Inc.       30-02.5-08794         Address       Six Desta Drive, Suite 5850, Midland, Texas 79705         Rescol(s) for Filing (Check proper box)       Other (Please captain)         New Well       Change in Transporter of:         Recompletion       Oil       Dry Gas         It change of period give name       Interporter of:         Recompletion       Oil       Dry Gas         II. DESCRIPTION OF WELL AND LEASE       Condensus         Lease Name       Well No.         State A Ac 2       34         Unit Letter       J         J. DESCRIPTION OF TRANSPORTER OF OIL AND NATURAL GAS         Name of Authonized Transporter of Oil       or Condensus         Main of Authonized Transporter of Oil       Or Condensus         Main of Authonized Transporter of Oil       or Dry Cas         Address (Give address to which approved copy of this form is to be sen!)         Maine of Authonized Transporter of Oil Oil or Condensus       Address (Give address to which approved copy of this form is to be sen!)         Name of Authonized Transporter of Oil Oil or Condensus       Address (Give address to which approved copy of this form is to be sen!)         Name of Authonized Transporter of Oil Oil or Condensus       Address (Give address to which approved copy of this form is to be sen!)         Name of Authonized Transporte	1					I		
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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.)         Leogth of Test       Tubing Pressure       Casing Pressure       Choke Size         Actual Prod. During Test       Oil - Bbls.       Water - Bbls       Size-MCF         GAS WELL       Actual Prod. Test - MCF/D       Length of Test       Bbls. Condensate/MMCF       Gravity of Condensate         Testing Method (plior, back pr.)       Tubing Pressure (Shut-in)       Casing Pressure (Shut-in)       Casing Pressure (Shut-in)         VL OPERATOR CERTIFICATE OF COMPLIANCE       I hereby certify that the rules and regulations of the Oil Conservation       Dill CONSERVATION DIVISION         Division have been compiled with and that the information gives above is true and complete to the best of my knowledge side belief.       Oil Agent         Signature       Jay Chersk1       Agent       Geologrist         Friated Name       Tilephones No.       Testpones No.       Tille	V. TEST DATA AND REQUES	T FOR ALLOW	ABLE					
Length of Test       Tubing Pressure       Casing Pressure       Choke Size         Actual Prod. During Test       Oil - Bble.       Water - Bble.       Size-MCF         GAS WELL       Casing Pressure       Gravity of Condensate         Actual Prod. Test - MCF/D       Length of Test       Bble. Condensate/MMCF       Gravity of Condensate         Testing Method (pilor, back pr.)       Tubing Pressure (Shul-in)       Casing Pressure (Shul-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       Is us and complete to the bac of my knowledge is above lis to us and complete to the bac of my knowledge is above lis to and complete to the bac of my knowledge is above lis to and complete to the bac of my knowledge is above lis to and complete to the set of my knowledge is above lis to and complete to the bac of my knowledge is above lis to and complete to the set of my knowledge is above lis to and complete to the set of my knowledge is above lis to and complete to the set of my knowledge is above lis to and complete to the set of my knowledge is above lis to and complete to the set of my knowledge is above lis to and complete to the set of my knowledge is above lis to and complete to the set of my knowledge is above lis to and complete to the set of my knowledge is above lis to the set of my knowledge is above lis to an and complete to the set of my knowledge is above lis to the set of my knowledge is above lis to the set of my knowledge is above lis to the set of my knowledge is above lis to the set of my knowledge is above lis to the set of my knowledge is above lis to the set of my knowledge is above lis to the set of my knowledge is above lis to the set of my knowledge is above lis to the set of my knowledge	OIL WELL (Test must be after re	ecovery of total volume						
Actual Prod. During Test     Oil - Bbls.     Water - Bbls.     Size-MCF       GAS WELL     Actual Prod. Test - MCF/D     Length of Test     Bbls. Condensate/MMCF     Gravity of Condensate       Testing Method (pitor, 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     Oil CONSERVATION DIVISION       Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.     OIL CONSERVATION DIVISION       Signature     Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.     Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.     Division have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.     Division formation given above is true and complete to the best of my knowledge and belief.       Signature     I a 915-687-1664     By     Paul Ranifa       Date     Title     Itelephone No.	Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pur	ıp, gas lift, el	c.)		
GAS WELL       Actual Prod. Test - MCF/D     Length of Test       Bbls. Condencut/MMCF     Gravity of Condencuts       Testing Method (pitor, back pr.)     Tubing Pressure (Shut-in)       VI. OPERATOR CERTIFICATE OF COMPLIANCE     OIL CONSERVATION DIVISION       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 completes to the best of my knowledge sind belief.     OIL CONSERVATION DIVISION       Signature     Jay Chersk1     Agent       Trialed Name     Title     Geologist       Title     Telephones No.     Telephones No.	Length of Test	Tubing Pressure		Casing Pressure		Choks Size		
GAS WELL       Actual Prod. Test - MCF/D     Length of Test       Bbls. Condencut/MMCF     Gravity of Condencuts       Testing Method (pitor, back pr.)     Tubing Pressure (Shut-in)       VI. OPERATOR CERTIFICATE OF COMPLIANCE     OIL CONSERVATION DIVISION       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 completes to the best of my knowledge sind belief.     OIL CONSERVATION DIVISION       Signature     Jay Chersk1     Agent       Trialed Name     Title     Geologist       Title     Telephones No.     Telephones No.	Actual Prod. During Test	Oil - Bbis		Water - Bbls.		Gas- MCF		
Actual Prod. Test - MCF/D       Length of Test       Bble. Condencate/MMCF       Gravity of Condencate         Testing Method (pitor, 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       OIL CONSERVATION DIVISION         Division have been complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Signature       Jay Cherski       Agent         Title       Title       Geologist         Title       Title       Title				<u> </u>				
Testing Method (pitot, back pr.)       Tubing Pressure (Shul-in)       Casing Pressure (Shul-in)       Choke Size         VI. OPERATOR CERTIFICATE OF COMPLIANCE       I hereby certify that the rules and regulations of the Oil Conservation       OIL CONSERVATION DIVISION         Division have been complete to the best of my knowledge and belief.       OIL CONSERVATION DIVISION         Signature       Jay Chersk1       Agent         Vile       915-687-1664       Title         Date       Telephone No.       Title			<u> </u>					
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. Signature Jay Cherski Agent Printed Name 12 (1) 81 915-687-1664 Date Approved Corig. Signed by Paul Kautés Geologist Title Title Title Title Date Approved Orig. Signed by By Paul Kautés Geologist Title	Actual Prod. Test + MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
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. Signature Jay Cherski Agent Printed Name 12 11 8 915-687-1664 Date OIL CONSERVATION DIVISION DEC 1 9 1989 Date Approved Orig. Signed by Paul Ramitz Geologist Title Title	Testing Method (pilot, back pr.)	Tubing Pressure (Shu	1-in)	Casing Pressure (Shui-in)		Choke Size		
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Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature Jay Cherski Agent Printed Name 12 11 8 915-687-1664 Date Approved DEC 1 9 1989 Orig. Signed by By <u>Paul Kauté</u> Geologist Title Title				OIL CONS	SERVA	TION DIVISION		
Signature     Orig. Signed by       Jay Cherski     Agent       Prioted Name     Title       12     915-687-1664       Date     Title	Division have been complied with and t	that the information giv		DEC 1 9 1989				
Signature     Agent     By     Paul Kant's       Jay Cherski     Agent     Geologist       Printed Name     Title     Title       12     915-687-1664     Title       Date     Telephone No.     Title		nowsays an seller.	7	Date Approved				
Jay Cherski     Agent     Geologist       Printed Name     Title     Title       12     915-687-1664     Title       Date     Telephone No.	Jy U	<u> </u>	/ 	By	Orig	g. Signed by aul Kantz		
12         18         915-687-1664           Date         Telephone No.	Jay Cherski	Age			(	Geologist		
Dals Telephons No.		915-687		Title	<u></u>			
INSTRUCTIONS: This form is to be filed in compliance with Rule 1104		Tele	phone No.					
	INSTRUCTIONS: This form	n is to be filed in c	compliance with I	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.

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All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.