

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

Effective Dec. 1, 1988

If change of ownership give name and address of previous owner Sun Exploration and Production Co., P.O. Box 1861, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>State A/C 2</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Eunice Seven Rivers</u>	Kind of Lease <u>State</u>	Lease No.
Location <u>Queen, South</u>				
Unit Letter <u>G</u>	: <u>1980</u>	Feet From The <u>North</u>	Line and <u>1980</u>	Feet From The <u>East</u>
Line of Section <u>8</u>	Township <u>22S</u>	Range <u>36E</u>	, NMPM, Lea County	

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)
<u>Shell Pipeline Corp.</u>	<u>Box 2648, Houston, Tx 77001</u>
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)
<u>Phillips Natural Gas Company</u>	<u>Bartlesville, Okla</u>
If well produces oil or liquids, give location of tanks.	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 03 1989, 19
BY Orig. Signed by Paul Karts 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 filed for each pool in multiply completed wells.

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)

GAS WELL

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

[Faint, illegible handwritten notes]

RECEIVED

DEC 23 1960

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