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TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator James W. Rasmussen	
Address 1127 Wilco Bldg., Midland, Texas 79701	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	REQUEST FOR ALLOWABLE
Recompletion <input type="checkbox"/> RE-ENTRY	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Dry Gas <input type="checkbox"/>	
Casinghead Gas <input checked="" type="checkbox"/>	
Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner Sunray DX Oil Company, Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cooper	Well No. 8	Pool Name, Including Formation Monument Grayburg-San A.	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>P</u> ; <u>660</u> Feet From The <u>So.</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>12</u> Township <u>20-SO.</u> Range <u>36 East</u> ; NMPM, <u>Lea</u> 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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	Address (Give address to which approved copy of this form is to be sent) Tulsa, Oklahoma	
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 12
	Twp. 20	Rge. 36
	Is gas actually connected? No	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	X	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 10-23-68	Date Compl. Ready to Prod. 10-31-68	Total Depth 3778		P.B.T.D. 3670					
Elevations (DF, RKB, RT, CR, etc.) 3557 RT	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3653		Tubing Depth 3633					
Perforations 3653-3664		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 8-3/4	CASING & TUBING SIZE 7"		DEPTH SET 3788		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 10-31-68	Date of Test 10-31-68	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24	Tubing Pressure 50#	Casing Pressure Packer	Choke Size 14/64
Actual Prod. During Test 52	Oil - Bbls. 4	Water - Bbls. 48	Gas - MCF 250

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Lee Buzitz  
(Signature)  
Agent

November 1, 1968  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19

BY \_\_\_\_\_

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.