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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM \$8240 DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III		Sa	nta I	fe, New	M	exico 875	04-2088					
1000 Rio Brazos Rd., Aziec, NM 87410							AUTHORI					
I. Operator	<u> </u>	TO TRA	INS	PORT C	OIL	<u> AND NA</u>	TURAL G.					
Hal J. Rasmussen Operating, Inc.								i	anna -025-08789			
Address								120	-0 X5-	0878	<u>;9</u>	
Six Desta Drive, S	uite 585	50, Mic	llar	d, Tex	(as	s 79705						
Reason(s) for Filing (Check proper box) New Well		C !-	<b>~</b>			Orth	es (Please expl	ain)				
Recompletion	Oil	Change in	Dry	• –	J							
Change in Operator	Casinghea	d Gar ☐		iensue [	ĵ							
If change of operator give name and address of previous operator										<del></del>		
II. DESCRIPTION OF WELL	AND LEA	ASE						<del></del>	<del></del>	·		
Lesse Name State A Ac 2 Well No. Pool Name, Inc. 27 Ialma							(Pro G 1 Yt SR		of Lease Federal or Fe		esse Na	
Location			<u> </u>	Jaima		1411511			, reaction re	<u>*                                    </u>		
Unit Letter P	. 66	0	Feet	From The		South	660	1::	eet From The	East	•.	
	20.0	,					c end	F	eer Prom Tue		Line	
Section 5 Townsh	ip 22 S		Rang	36		, N	мрм,	Lea	<del></del>		County	
III. DESIGNATION OF TRAI	SPORTE	R OF O	IL A	ND NAT	ľŪ	RAL GAS						
Name of Authorized Transporter of Oil		or Coades			-		e address to wi	hich approved	copy of this f	form is to be s	eni)	
Name of Authorized Transporter of Casin	phead Gas		or D	ry Gas 🛣	×	Address (Civ					<u> </u>	
XCel Gas Co.			u D	.y Cas [.x.	ك	Six Dest	e address to who a Drive,	nc <i>h approved</i> Suite	5800, M	idland,	<i>м)</i> Тх 79705	
If well produces oil or liquids, give location of tanks.	Unit	S∞.	Twp	R	<u>و</u> د	ls gas actuall		When	7			
	<u> </u>					yes	3	L	121,1	89		
If this production is commingled with that IV. COMPLETION DATA	nom any on	er (erre or )	poot, ş	Sive commi	ugu	ing order num	жг					
Designate Type of Completion	- (X)	Oil Well		Gas Well		New Well	Workover	Doepen	Plug Back	Same Res'v	Dist Res'v	
Date Spudded	Date Comp	I. Ready to	Prod			Total Depth		<u> </u>	P.B.T.D.	L	Д	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			mi: D			
·							•		Tubing Depth			
Perforations	-						·		Depth Casin	g Shoe		
		IIBNG	<u>C49</u>	ING AN	ח	CEMENITO	IC PECOP		<u> </u>			
TUBING, CASING A HOLE SIZE CASING & TUBING SIZE							DEPTH SET		SACKS CEMENT			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		0	0.22		DEFINSE			SACKS CEMENT			
V. TEST DATA AND REQUE	ET FOR A	HOWA	nrr				<del></del>					
OIL WELL (Test must be after t					ust l	be equal to or	exceed top allo	mable for thi	t denik ar he i	or full 24 hour	- a 1	
Date First New Oil Run To Tank	Date of Tes	t i	<del></del>				thod (Flow, pu			W 120 24 100	*./	
Length of Test	Tubing Pressure					Casing Pressu	re		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				+	Water - Bbls.			Ou-MCF			
	<u> </u>	<del></del>							<u>]</u>			
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test					Bbis. Coadensate/MMCF			Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				1	Casing Pressure (Shui-in)			Choke Size			
UT ODED ATOD OCCUPANCE	A TENT COST			A TOTE	4				J			
VI. OPERATOR CERTIFIC				NCE	-		II CON	SERV		OIVISIO	M.,	
I hereby certify that the rules and regul Division have been complied with and	that the infocu	nation give:	a spor	<b>16</b>			IL CON	I Y/	DE	C19	1388	
is true and complete to the best of my knowledge and belief.						Date Approved						
Jun Chi			×									
Signature						By		Orig	Signal by	<u> </u>		
Jay Cherski Agent Printed Name Tule						Paul Éautz Geologist						
	Δ1	E 607	161	1.	1							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

915-687-1664

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.