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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

Form C-104 Revised I-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

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1000 Rio Brazos Rd., Ariec, NM 87410						2000						
I.	REQU	JEST F	OR A	LLOWA	BLE AND	AUTHOR	RIZATIO	N				
Operator TO TRANSPORT OIL AND NATURAL GAS									Na	··		
Hal J. Rasmussen Operating, Inc.  Address												
Six Desta Drive, Su	ite 5850	, Mid	land,	Texas	79705							
Reason(s) for Filing (Check proper box)	······································				Z O	ther (Please exp	olain)		<del></del> -	<del></del>		
New Well		Change it			_		•					
Recompletion	Oil Caringhan	_	Dry G		C	Change in	name					
If change of operator give name	Casinghead	—— <u> </u>			211 Cud	+0 600	W = 41 a ==			70701		
II. DESCRIPTION OF WELL			1, 50	0 w. w	all, Sul	te 600,	Midian	a, 10	exas	79701	<del></del>	
Lease Name	Well No. Pool Name, Include				ling Formation   Ki			nd of Lease No				
State A Ac 2 Location			Euni	ce SR (	ù, Sout	h		ile, Total		<b>-</b>	esse No.	
Unit LetterJ	_ :1980	o	. Feet Fr	om The	South Li	ne and	1980	Feet Fi	om The	East	Line	
Section 5 Townshi	p 22 S		Range	36	E N	ІМРМ,	Lea				County	
III. DESIGNATION OF TRAN	ISPORTEI	R OF O	IL AN	D NATU	RAL GAS						County	
ratis of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
Shell Pipeline Corp.  Name of Authorized Transporter of Casin		Box 2648, Houston, Texas 77001										
Phillips 66 Natural Gas Company					Address (Give address to which approve Bartlesville, Oklahom				ed copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.		· · · · · · · · · · · · · · · · · · ·		Rge	is gas actually connected?			When !				
f this production is commingled with that V. COMPLETION DATA	from any othe	r lease or p	oool, giv	e comming!	ing order num	ber:				<del></del>		
		Oil Well	<u>.</u>	as Well	New Well	Workover	7-5				<u> </u>	
Designate Type of Completion  Date Spudded		i	i		<u> </u>	workover	Deepen	Plu	g Back	Same Res'v	Din Res'v	
Das Spansa	Date Compi.	. Ready to	Prod.		Total Depth	<u></u>	<del></del> -	P.B	.T.D.		.L	
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforzions								Das	Depth Casing Shoe			
<del></del>		···						الما	ar Casing	; anoe		
HOLE SIZE		CEMENTING RECORD										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			_	SACKS CEMENT			
									<del></del>	<del></del>		
TEST DATA AND DECLICE	Trop or	Y OVVI						1-				
. TEST DATA AND REQUES	I FOR AL	LOWA	BLE									
	Date of Test	VOILBRE O	1000 00	i ana musi e	Producing Me	thod (Flow, pu	mable for ι. mp, gas lýt,	is depth	or be for	r full 24 hows	·.)	
ength of Test	Tubing Pressure				Casing Pressure				Choke Size			
ctual Prod. During Test	Oil - Bbls.				Water Ditte							
					Water - Bbis.			Gas- MCF				
SAS WELL	ę											
ciual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Lasing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA	TE OF C	'Oxamr	TANTO	<del></del>	<del></del>			1		-		
I hereby certify that the rules and regular	ions of the Oil	Concervat	ion	-E	0	IL CON	SERV	ATIO	ח אכ	IVISIO	J	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION AUG 2 3 1989							
	owiedge and b	elicf.			Date.	Approved	l		, 1 <b>0</b> 0	~ 0 10		
WM Scott Kamsung						• •						
Signature Wm. Scott Ramsey General Manager					ByORIGINAL SIGNED BY JERRY SEXTON							
Printed Name Title					DISTRICT I SUPERVISOR							
July 13, 1989	915	-687-			Title_		<del></del>		<del></del> ;	<del></del>		
		Telepho	XX5 IVO.	!!								

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.

4) Separate Form C-104 must be filed for each pool in multiply completed wells