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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 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		52	inta re	, New M	lexico 87	504	1-2088							
1000 Rio Britos Rd., Aziec, NM \$7410	REQ						UTHORI URAL GA		1					
Operator		10 1117	THOL	Chi O	C AND IN	<u> </u>	UNALIGA		IAP	I Na				
Hal J. Rasmussen Operating, Inc.						l e e e e e e e e e e e e e e e e e e e					-025-08796			
Six Desta Drive, Su	ite 58	50, Mi	dland	. Texa	s 79705									
Reason(s) for Filing (Check proper box)		<u> </u>		, 10110			(Please expl	zin)						
New Well		Change in												
Recompletion \square	Oil													
Change in Operator	Casinghe	ad Gas	Cooder	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
If change of operator give name and address of previous operator														
II. DESCRIPTION OF WELL	AND LE													
Lesse Name State A Ac 2	Well No.		- \					of Lease No. Federal or Fee						
Location														
Unit Letter M	- :		_Feet Fr			ise :	end			From The _	West	Line		
Section 5 Township	22 9	5	Range	36	E	NMI	РМ,	Lea				County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	II. AN	דר גע ת	IDAT GA	c								
Name of Authorized Transporter of Oil	or Conde				Address (Give address to which approved					orm is to be s	ieni)			
Name of Authorized Transporter of Casing XCe1 Gas Co.		or Dry	Gas X	Address (Give address to which approved Six Desta Drive, Suite				ed co	copy of this form is to be sent) 5800, Midland, Tx 79705					
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp	Rge	ls gas actu	y ولام			en 7		1	12 /9/05		
f this production is commingled with that t	rom any or	ber lease or	pool, giv	e comming		es umber				12/1	187			
V. COMPLETION DATA												,		
Designate Type of Completion	- 00	Oil Well		Gas Well	New We	11	Workover	Deepen	1	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		pl. Ready to) Prod		Total Dept	ᆜ		<u> </u>	Ц.		l			
			1.02.24				P	P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay					Tubing Depth			
Perforations	I				<u> </u>				1	epth Casing	g Shoe			
		TIRING	CASD	VG AND	CEMEN	TIN	G PECCIP	n			-			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT			
	-		 	DEFIN SEI				SACKS CEMENT						
			-	1										
									— <u> </u> -					
V. TEST DATA AND REQUES OIL WELL Test must be after re														
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te		of lood o	oil and mus			iceed top allo and (Flow, pu				or full 24 hou	vs.)		
		-			•	,		·· + • • · · · · · · · ·	,,	•				
Length of Test	Tubing Pressure				Casing Pre	Casing Pressure					Choke Size			
Actual Prod. During Test	Oil Phie		Water Bb	1.			٠,	Gas- MCF						
remarked builty to:	Oil - Bbls.				Water - Bbls.					Oa- MCF				
GAS WELL					·				/					
Actual Prod. Test - MCF/D	Length of Test				Bbis. Coad	Bbis. Condensate/MIMCF					Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)									
and the sice they	rooms sterring (20m-m)				Cating Pressure (Sinu-in)					Choke Size				
VI. OPERATOR CERTIFICATION OF THE PROPERTY OF	tions of the	Qil Conser	vation			01	IL CON	SERV						
is true and complete to the best of my b	nowledge a	rd belief.			ll Dat	lo 1	Approved	4	J	ANO.	2 1990	1		
\ ((.		0					.ppi0ve(-						
Signature						By ORIGINAL SIGNED BY JERRY SEXTON								
<u>Jay Cherski</u> Agent						DISTRICT I SUPERVISOR								
Printed Name 12 19 8 9	Title	9												
Date		15-687 Telep	phone No											

- 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.