Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

Form C-104 Revised 1-1-89 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

DISTRICT III 1000 Rio Brazos Rd., Ariec, NM 87410		Sai	nta re,	Mew Mi	exico 8/50	M-2088					
I.						AUTHORIZ TURAL GA					
								API No.			
Hal J. Rasmussen Op	·		30	0-025	- 088	2-7					
Six Desta Drive, Su Reason(s) for Filing (Check proper bax)	ite 585	0, Mid	lland,	Texas			<del></del>	<del></del>		<del>~</del>	
New Well		Chance in	Transport	tee of:		er (Please expla	(או)				
Recompletion	Change in Transporter of: Oil Dry Gas										
Change in Operator	Casinghead										
If change of operator give name and address of previous operator									· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL	AND LEA		·		···	· · · · · · · · · · · · · · · · · · ·					
State A Ac 2		Well Na	Ja]	m <b>e, lociud</b> i Lmat	ng Formation Tansill	Yt Sr		of Leaso Federal or Fe		esse Na	
Location			<del></del>		1	0.0.1	^		Feet		
Unit Letter G	- : <sup>1</sup>	650	Feel Fro	m The	North Lin	2 3 1 bos	-	et From The	East	Line	
Section 7 Townshi	<b>p</b> 22	S	Range	36	E , N	мрм,	Lea		· · · · · · · · · · · · · · · · · · ·	County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil	<u> </u>	or Conden				e address to wh	ich approved	copy of this f	orm is to be se	eni)	
Name of Authorized Transporter of Casin					111 (6)						
XCel Gas Co.		<u> </u>	or Dry C	,	Six Dest	e address to wh a Drive,	Suite	5800, Mi	orm is to be se idland,	<i>امد)</i> Tx 79705	
If well produces oil or liquids, give location of tanks.	Unit	S∞∟	Twp.	Rge.	Is gas actually ves		When	121	راء		
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lesse or	pool, give	comming			l				
IV. COMPLETION DATA		Oil Well		as Well	Now Wall	1 11/2-4		( <del>5.</del> 5 .	1	5125	
Designate Type of Completion		İ	i_	18 WEU	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casin	g Shoe	·	
		TIPNIC	CASIN	C AND	CELCENTE	VC PECOD		<u> </u>		<del></del>	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENTI	DEPTH SET	<u>D</u>	CACKE CENTAL			
TIOLE SIZE	CASING & TOBING SIZE			26	· · · · · ·	DEP IN SET		SACKS CEMENT			
	<del>                                     </del>			· · ·			<del></del>	<del> </del>			
	<del> </del>							<del></del>			
			-					<del> </del>		<del></del>	
V. TEST DATA AND REQUES					<del> </del>			<u> </u>		<del></del>	
OIL WELL (Test must be after r	ecovery of to	ial volume	of load oi	l and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	1			Producing Me	thod (Flow, pu	mp, gas lýt, e	ne)			
Length of Test	Tubing Pressure				Casing Pressu	ire		Choke Size			
Assert David David Theor					Water - Bblz			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Maret - Doir			GIF- MCF			
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. OPERATOR CERTIFIC	ATE CV	COM	T T A NY	CE	<b> </b>			J			
I hereby certify that the rules and regul- Division have been complied with and	ations of the that the infor	Oil Coosen mation give	vation	CE		DIL CON	SERV		DIVISIC 1 <b>9 19</b> 8		
is true and complete to the best of my knowledge and belief.					Date Approved						
Simetime	By Paul Rautes										
Signature Jay Cherski Agent						Geologist					
Printed Name		15 (07	Title	-	Title			-818£			

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

Date

189

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.

Agent Title 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.