

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| TRANSPORTER           | OIL |
|                       | GAS |
| OPERATOR              |     |
| PROMOTION OFFICE      |     |

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Hal J. Rasmussen

Address  
306 W. Wall, Suite 600, Midland, Texas 79701

Reason(s) for filing (Check proper box)

|                                                         |                                                                                                                                                                           |                                                  |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> New Well                       | Change in Transporter of:<br><input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas<br><input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate | Other (Please explain)<br>Effective Dec. 1, 1988 |
| <input type="checkbox"/> Recompletion                   |                                                                                                                                                                           |                                                  |
| <input checked="" type="checkbox"/> Change in Ownership |                                                                                                                                                                           |                                                  |

If change of ownership give name and address of previous owner: Sun Exploration and Production Co. P.O. Box 1861, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE

|                                                                          |                |                                                           |                                              |           |
|--------------------------------------------------------------------------|----------------|-----------------------------------------------------------|----------------------------------------------|-----------|
| Lease Name<br>State A/C 2                                                | Well No.<br>12 | Pool Name, including Formation<br>Jalmat Tansill Yt Seven | Kind of Lease<br>State, Federal or Fee State | Lease No. |
| Location<br>Rvrs (Pro Gas)                                               |                |                                                           |                                              |           |
| Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East |                |                                                           |                                              |           |
| Line of Section 7 Township 23S 22 Range 36E , NMPM, Lea County           |                |                                                           |                                              |           |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|                                                                                                                          |                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>                    | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Company                                                                                              | Box 1492, El Paso, Texas 79978                                           |
| If well produces oil or liquids, give location of tanks.                                                                 | Unit Sec. Twp. Rge. Is gas actually connected? When                      |

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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

Wm Scott Ramsey  
(Signature)  
Wm. Scott Ramsey General Manager  
(Title)  
12-6-88  
(Date)

OIL CONSERVATION DIVISION  
JAN 04 1989  
APPROVED  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
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 deviate 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 multiphase completed wells.

#### IV. COMPLETION DATA

|                                             |                             |          |                 |          |          |                   |           |                |         |
|---------------------------------------------|-----------------------------|----------|-----------------|----------|----------|-------------------|-----------|----------------|---------|
| Designate Type of Completion - (X)          |                             | Oil well | Gas well        | New well | Workover | Deepen            | Plug Back | Same Reservoir | Drill R |
| 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                                |                             |          |                 |          |          | Depth Casing Shoe |           |                |         |
| <b>TUBING, CASING, AND CEMENTING RECORD</b> |                             |          |                 |          |          |                   |           |                |         |
| HOLE SIZE                                   | CASING & TUBING SIZE        |          | DEPTH SET       |          |          | SACKS CEMENT      |           |                |         |
|                                             |                             |          |                 |          |          |                   |           |                |         |
|                                             |                             |          |                 |          |          |                   |           |                |         |
|                                             |                             |          |                 |          |          |                   |           |                |         |
|                                             |                             |          |                 |          |          |                   |           |                |         |

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top of allowable for this depth or be for full 24 hours)

|                                 |                 |                                               |            |
|---------------------------------|-----------------|-----------------------------------------------|------------|
| Date First New Oil Run To Tanks | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                  | Tubing Pressure | Casing Pressure                               | Choke Size |
| Actual Prod. During Test        | Oil-Bbls.       | Water-Bbls.                                   | Gas-MCF    |

#### GAS WELL

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

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DEC 23 1988

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