STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION				Form C-108 Revised 10-01-7	
SANTA FE	OIL	CONSERVATIO	DN DIVISION	Format 06-01-83	3
FILE	l	P. O. BOX 20		Page 1	
V.3.g.s.	SAI	NTA FE, NEW ME	XICO 87501	•	•
LAND OFFICE			2100 37301		
TRANSPORTER OIL I			••••• ••		
OPERATOR		REQUEST FOR ALL	OWABLE		
PROBATION OFFICE		AND	•		
I.	AUTHURIZAT	ION TO TRANSPORT	OIL AND NATURAL GAS		
Operator					
Hal J. Rasmuss	en				
Address					
<u>306 W. Wall, S</u>	<u>uite 600, Midla</u>	nd, Texas 79	701		
Keeson(s) for tiling (Check pro	per bozj		Other (Please explain)		· · · · · · · · · · · · · · · · · · ·
New Well	Change in Trans	Aporter of:			
Recompletion		Dry Gas	Effective [Dec. 1, 1988	
Change in Ownership	Casinghead		1		
		Gas Condense	210		
If change of ownership give r and address of previous own	Sun Explor	ation and Pro	duction Co. P.O	. Box 1861, Mid	land.
II. DESCRIPTION OF WEI				Texas	
Lease NameA II		Name, including Formatio	•	:	1210
			•		Lease No
State A/C 2	<u>55 Eu</u>	<u>nice Seven Ri</u>	Vers State, Fed	eretor Foo State	
Location -		een, South			
Unit Letter P .		South Line and	660 Free Free		
		Line and _	Feet Fre	East	
Line of Section 8	Township 225	Range 36E	Le	a	County
III. DESIGNATION OF TH	ANSPORTER OF OT A	ND MATTIN (L. C.)			
Name of Authorized Transporter	r of OII	ALE INATURAL GAS			
Texas New Me	xico [´] Pipeline C		x 42130, Housto	proved copy of this form is to be n. Tx 77242	e senij
Name of Authorized Transporter				proved copy of this form is to be	
Phillips Natura	1 <u>Gas Company</u>		rtlesville, Okl	a d	e sentj
If well produces oil or liquids, give location of tanks.					
Atta teconon of longs.	Unit Sec. 1	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.

(Signacure) Scott Ramsey General Wm. Manager (Tille) 12-6-88 (Dale)

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· ·	DIL CONSERVATION DIVISION	
APPROVED.	JAN 0 5 1989	:
BY	Orig. Signed by	
TITLE	Geologist	

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 deviation 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 ewner, well name or number, or transporter, or other such change of condition.

Separate Forma C-104 must be filed for each pool in multiply completed wells.

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IV. COMPLETION DATA

Designate Type of Complet	$(10n - (\chi))$		i Gas well 1	New Well	Workover	Deepen	Plug Bacz	Same Aestv.	D
ate Spudded	Date Compi	Ready to P	104.	Total Depu	h	· · · · · · · · · · · · · · · · · · ·	P.B.T.D.		
evenions (DF, RKB, RT, GR, etc.)	Name of Pro	ANCING Form					F.D.1.D.		
eriorations		Name of Producing Formation		Top Oll/Gas Pay		Tubing Depth			
	•						Depth Casin	- 61	
		TUBING	-161010					a suce	
HOLE SIZE	CASIN	G & TUBIN	LASING, AND				•		
			G SIZE	· · ·	DEPTH SE	г	SA	CKS CEMEN	T
									_
TEST DATA AND DECIMA				1			+		

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exc OIL WELL able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	epin of be for full 24 hours)	to squar to or exceed top all		
		Producing Method (Flow, pump, gas lift, stc.)			
Longih of Test	Tubing Pressure		•		
		Casing Pressure	Chore Size		
Actual Prod. During Test	OII-Bbis.	Water-Bbie.			
l			Gas-MCF		

GAS WELL

L		Length of Test Bbls. Condensate/MMCF Gravity of Condensate				
	Seeling Method (pilot, back pr.)	Tubing Pressure (shut-in)	Cosing Pressure (Shut-in)	Chote Size		
				1		

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