Submit 5 Copies		ç	State of 1	New Mexico			
Appropriate District Office	Energy,	Energy, Minerals and N			ment		Form C-104 Revised 1-1-89
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	OIL CONSERV			ATION DIVISI	ON		See Instructions at Bottom of Page
.O. Drawer DD, Artesia, NM 88210			P.O. I	Box 2088 Aexico 87504-2088	011		
DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410							
•	TOTR	OH AL	LOWA	BLE AND AUTHOR	RIZATIC	DN	
Dentor Hal J. Rasmussen Ope						Vell API No.	
Address					I		
Six Desta Drive, Sui Reason(s) for Filing (Check proper box)	Lte 5850, Mid	land,	Texas				
New Well		n Transpoi		X Other (Please ex			
Change in Operator	Oil Casinghead Gas	Dry Gas Condens		Change ir	n name		
f change of operator give name ad address of previous operator	J. Rasmusser	n, 306	5 W. W	all, Suite 600,	Midlar	nd, Texas 79	701
I. DESCRIPTION OF WELL							······
<u>_State A</u> Ac 2	Well No. 50			ling Formation Qu, South		ind of Lease	Lesse Na.
Location					l		
Unit Letter <u>A</u>	_:660	_ Feet Fro	m The <u>No</u>	orth Line and 66	0.	Feet From The	EastLin
Section 9 Townshi	<u>22 S</u>	Range	<u>36 E</u>	, NMPM,	Lea		County
I. DESIGNATION OF TRAN	SPORTER OF O	IL AND) NATU	IRAL GAS			
Name of Authorized Transporter of Oil X or Condensate				Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casing	chead Gas XX	or Dry G	ias 📑	Box 42130, Houston, Texas 77242 Address (Give address to which approved copy of this form is to be sent)			
<u>Phillips 66 Natural G</u> f well produces oil or liquids, ve location of tanks.		Twp	Rge.	Bartlesville, (Is gas actually connected?	<u> Oklahor</u>	na	
this production is commingled with that is							
COMPLETION DATA	noun mit onter reare of						
COMPLETION DATA		:	comming	ling order number:			· · · · · · · · · · · · · · · · · · ·
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Designate Type of Completion					Dœper	Plug Back Sa	me Res'v Diff Res'v
Designate Type of Completion	- (X) Oil Well	Ga Prod.		New Well Workover	Dœper	P.B.T.D.	me Res'v Diff Res'v
Designate Type of Completion Date Spudded	Oil Well (X) Date Compl. Ready to	Ga Prod.		New Well Workover Total Depth	Dœper	P.B.T.D. Tubing Depth	İ
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All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.