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Submit 5 Copies Appropriate District Office DISTRICT 1	Energy,	New Mexico atural Resources Department						
P.O. Box 1980, Hobbs, NM 88240							See Instructions at Bottom of Page	
DISTRICT II P.O. Drawer DD, Arlesia, NM 88210	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088							
DISTRICT III 1000 Rio Brazos Rd., Artec, NM 87410	1							
I.	REQUEST F	OR ALLOWA	NBLE AND	AUTHOR	IZATION	!		
Opentor Hal J. Rasmussen Ope				TUNALG		API No.		
Address								
Six Desta Drive, Su: Reason(s) for Filing (Check proper box)	ite 5850, Mid	land, Texas						
New Well	Change in Transporter of:							
Recompletion	Oil Dry Gas Change in name Caringhead Gas Condensate							
If change of operator give name and address of previous operator <u>Ha</u>	1 J. Rasmusse	n, 306 W. W	all, Sui	te 600, 1	Midland	, Texas 79	701	
II. DESCRIPTION OF WELL	the second s						······	
<u>State A Ac 2</u>						of Lease	Lesse Na.	
Unit Letter D	660	_ Feet From The _	North	6 and6	60		West	
Section 9 Townsh	ip 22 S	Range	26 E		Lea	eet From The	Line	
III. DESIGNATION OF TRAN			,11	мрм,			County	
italize of Authorized Transporter of Oil	X or Conde			e address to wi	hich approve	d copy of this form	s is to be sent)	
Shell Pipeline Corp. Name of Authonized Transporter of Casin	the start of the s							
Phillips 66 Natural G If well produces oil or liquids,	as Company	······	Bartlesville, Okla.					
give location of tanks.	Unit Soc.		e. Is gas actually connected? When ?					
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	ling order num	ber:	I			
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sau	me Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	L		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Fo	Top OlVG2s Pay			Tubing Depth			
Perforations	<u> </u>			Depth Casing Shoe				
	TIPNC	CASDIC AND		10 55005				
HOLE SIZE	CASING & TU	CEMENTING RECORD DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES			l					
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	of load oil and must	be equal to or	exceed top allow	wable for this	depth or be for fi	ull 24 hours.)	
Length of Test		Producing Method (Flow, pump, gas lift, en			(c)			
	Tubing Pressure	Casing Pressure			Choke Size			
Actual Prod. During Test	si Oil - Bbls.		Water - Bbls.			Cas- MCF		
GAS WELL		•				l		
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	Casing Pressure (Shui-in)		Choke Size				
VI. OPERATOR CERTIFICA	ATE OF COMPI	LIANCE	·					
I hereby certify that the rules and regular Division have been complied with and the	OIL CONSERVATION DIVISION AUG 2 3 1989							
is true and complete to the best of my kn	Date Approved							
Un Scott Kamang								
Signature Wm. Scott Ramsey General Manager				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR				
Printed Name Title July 13, 1989 915-687-1664				Title				
Dale	Telepi	hons No.				•		
INSTRUCTIONS: This form	is to be filed in con	mpliance with R	ule 1104			5 • • • • • • • • • • • • • • • • • • •		

- 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.
- 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.

na (1997), Barta Barta (1997), Barta (1997) An 1997), Carta (1997), An

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