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Appropriate District Office
DISTRICT I
P.O. Bax 1980, Hobbs, NM \$8240

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

Form C-104 Revised 1-1-89 See Instructions

DISTRICT II
P.O. Drawer DD, Artesia, NM \$\$210

P.O. Box 2088
Santa Fe. New Mexico 87504-2088

at Bottom of Page OIL CONSERVATION DIVISION

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410					exTCO 9130						
I.	REQ	JEST F	OR AL	LOWA	BLE AND A	AUTHOR	IZATION				
Operator		TOTRA	ANSPO	OHI OIL	AND NAT	TURAL G		API No.			
Hal J. Rasmussen Op				0-025-08879							
Six Desta Drive, Su	ite 58	50. Mi	dland	. Texas	z 7 <b>9</b> 705						
Reason(s) for Filing (Check proper box)					Othe	er (Please exp	lain)	<del></del>		<del></del>	
New Well Recompletion	0.1	Change in		_							
Change in Operator	Oil Carinohe	 14 Gas ☐	Dry Ga								
If change of operator give name and address of previous operator			, 00000			<del></del>	·				
II. DESCRIPTION OF WELL	AND LE	ASE		<del></del>		<del></del>					
Lease Name	, , , , , , , , , , , , , , , , , , , ,	Well No.	Pool No	me, Includ	ng Formation (	(Pro Ca	(C) Kind	of Lease	<del></del>	esse No.	
State A Ac 2		42	Ja	lmat	Tansill	l Yt SR	Sure	Federal or Fee		Last Mil.	
Location Unit LetterE	- : <u></u>	198	3 () Feet Fro	on The	orth	e and6	60 <b>F</b>	et From The _	Wes	s t	
Section 11 Township	22	S	Range	36	E , NN	лем,	Lea			County	
III. DESIGNATION OF TRAN	SPORTI	ያዩ ብክ ብ	II. ANI	ጉ እንፈተነገ	DAT CAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)					
XCel Gas Co.	1		<del></del>		pix Desta Drive,		, Suite	5800, Midland, Tx 79705			
If well produces oil or liquids, pive location of tanks.	Unit 	S∝.	Twp	Rge.	Is gas actually		When	12.1	ilea		
If this production is commingled with that i	iom mà c	per lease or	pool, give	comming	ing order numb	er:		121	1169		
IV. COMPLETION DATA				·	· <del></del>						
Designate Type of Completion	- (X)	Oil Well	l I G	as Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Dist Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth		.1	P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	ions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations											
• • • • • • • • • • • • • • • • • • • •								Depth Casing	Shoe		
		TUBING,	CASIN	IG AND	CEMENTIN	NG RECOR	D D	<u> </u>			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
					·						
			· <del>-</del> ·- ·- ·-			<del></del> -		<u> </u>	<del></del>		
				<del> </del>	<del></del>						
V. TEST DATA AND REQUES OIL WELL								<del></del>		<del>_</del>	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te	olal volume :d	of load of	d and must	be equal to or a Producing Me	exceed top all. thad (Flow, p	owable for thi	s depth or be fo	r full 24 how	3.)	
Length of Test	Tubing Pressure				Casing Pressu	re	-	Choke Size			
Actual Prod. During Test	Oil - Bble.				Water - Bbls.			Gu- MCF			
GAS WELL								J	<del></del>		
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)			Choka Siza	Choke Size		
					• • • • • • • • • • • • • • • • • • • •						
VL OPERATOR CERTIFICA				CE			10551				
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					D.1.	<b>.</b>	.,	DEC	1 9 198	39	
\ ((		0			Date	Approve	a <u> </u>				
Signature					Ву	By Orig. Signed by,					
					-,	_		Geolog			
Printed Name	ç	15-687	TW: -1664		Title_	·			. ———		
Date	<del></del> -		phone No								

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

- 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.
- 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.