## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION	
SANTA PE	
PILE	
V.8.0.4.	
LAND OFFICE	
TRANSPORTER OIL	
GAS	
OPERATOR	
PROBATION OFFICE	

HOURS OFFICE

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

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

GPERATOR GAS		REC		OR ALLOWABLE	
PROMATION OFFICE	AUTHOR	ZATION T		SPORT OIL AND NATURAL GAS	
Operator					
<u> Hal J. Rasmusser</u>	า				_
Address			· · · · · · · · · · · · · · · · · · ·		_
306 W. Wall, Su	ite 600, Mi	dland,	Texas	s 79701	
Resson(s) for filing (Check proper	•			Other (Please explain)	
Recompletion	Cydrade in	Transporter		Effective Dec. 1, 1988	
Change in Ownership	=	ghead Gas	=	Ory Gas	
				Supersole	_
If change of ownership give named and address of previous owner.	Sun Exp	lorati	on and	d Production Co. P.O. Box 1861, Midland,	
II. DESCRIPTION OF WELL	AND LEASE	(Ta	( <sup>d</sup> )	. Texas 797	0
Lease Name A 11		Pool Name,	including f	Formation Kind of Lease Lease	No.
State A/C 2	58	Eunice	e Seve	en Rivers State State	٠.
Location		Queen			_
Unit Latter + 6 : 4	030 Feet From	The St	buth L	ine and 686 Feet From The North West	
Line of Section 8	Township 225	5	Range	36E NMPM Lea	
III. DESIGNATION OF TRA	NSDOPTED OF O	II INID I		Coun	17
Name of Authorized Transporter of	CII Or Co	ndenagte	J	Aggress (Give address to which approved copy of this form is to be sent)	
Shell Pipelir	ie Ćorp.		<del></del>	Box 2658, Houston, Tx 77001	
Name of Authorized Transporter of	,		as	Address (Give address to which approved copy of this form is to be sent)	
Phillips Natural				Bartlesville, Okla	
If well produces oil or liquids, give location of lanks.	Unit Sec.	Twp.	Rge.	is gas actually connected? When	_
If this production is commission			<u> </u>	<u> </u>	
				give commingling order number:	
NOTE: Complete Parts IV as	nd V on reverse sid	le if neces	sary.		
VI. CERTIFICATE OF COMP	LANCE		•••	OIL CONSERVATION DIVISION	
	· ·			1.AN 0.5 10RQ	:
I hereby certify that the rules and region been complied with and that the infort	nations of the Oil Con nation given is true and	iservation Div i complete to	vision have	19	•
my knowledge and belief.	•		503. 51	Orig. Signed by Paul Kents	
				Canloriet	_
	1			11166	
Um Scott K	amous			This form is to be filed in compliance with RULE 1104.	
-	enatures			If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulate	· ne
<u> </u>	Keneral Ma	anager		II AND DESCRIPTION WILL MOUNT AND THE PROPERTY OF THE PROPERTY	
	Title	. ——		All sections of this form must be filled out completely for all able on new and recompleted wells.	ion
	2-6-88 Daie)	· .		Fill out only have a see see and a see see	
49.44 6.2 9.16	~-·*/			Il and the second of the secon	
31 Ta 🐴				Separate Forms C-104 must be filed for each pool in multi-	ipl

IV. COMPLETION DATA										
Designate Type of Completi	on — (X)	OII MeII	Gas well	New Well	Workover	Deepen	Plug Back	Same Resty.	DILL F	
Date Spudged	Date Compl. Ready to Prod.			Total Deptn			P.B.T.D.			
Elevations (DF. RKB. RT. GR. etc.,	Name of Producing Formation			Top OII/Gas Pay			Tubing Depth			
Perforations	<del></del>						•			
			. 46				Depth Castr	g Shoe		
		TUBING,	CASING, AN	D CEMENTI	NG RECORD	<u> </u>	<del>-!</del>			
HOLE SIZE	CASI	CASING & TUBING SIZE			- DEPTH SET			SACKS CEMENT		
	<del> </del>		<u>-</u>							
				<del> </del>			<del> </del>			
V. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	FOR ALLO		Test must be a ble for this de		of total volume full 24 hours) ethod (Flow,			ual to or exce	ed top a	
Length of Test	Tubing Pres		··			<u> </u>			•	
	1	esw#		Cdaing Pressure			Chore Size			
Actual Prod. During Test	Ou-Bhis.		•	Water-Bble.	<u>- · · · · · · · · · · · · · · · · · · ·</u>		Gas-MCF			
AS WELL	<u> </u>				<del></del>	<del></del>	!		•	
Actual Prod. Test-MCF/D	Length of T	401								
		مير ۳۰۰ سام		Bbie. Conder	sedie/MMCF		Cravity of Co	ngenegte		
setting Method (pitot, back pr.)	Tubing Pres	ewe (shet-1	( د	Casing Press	me (tpat-fi	n )	Choke Size			
							1			

RECEIVED

DEC 23 1988

OCD HOBBS OFFICE