Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 100 O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III	_	San	ta Fe, New	Mexico 875	504-2088		•			
1000 Rio Brizos Rd., Ariec, NM 8741	REQ	JEST FO	BALLOW.	ABLE AND	ALITUOE					
I.		TO TRAN	NSPORT C	OIL AND NA	TUDAL C		4			
Operator			101 0111 0	AL AND IV	TORAL		I API No.			
hal J. Rasmussen Operating, Inc.										
Address Six Desta Drive, Su	ilte 5850), Midla	nd. Texa	s 79705						
Reason(s) for Filing (Check proper box)				h (D)	·				
New Well		Change in T	ransporter of:_	<u> </u>	her (Please exp	lain)				
Recompletion	Oil		Ory Gas) (hange in	name				
Change in Operator	Casinghea	rd Car 🔲 C	londensate []	_					
If change of operator give name and address of previous operator Ha	1 J. Ras	smussen,	306 W. I	Wall, Sui	te 600,	Midland	, Texas	79701		
II. DESCRIPTION OF WELL		ASE								
1.	Well No. Pool Name, Including Formation							ad of Lease Na.		
State A Ac 2	62 Eunice SR Qu, South						:, Tankaning	*		
Unit Letter K	:19	<u>80 </u>	eet From The _	South Lin	2310). 	Feet From The	West	Line	
Section 11 Towns	nip 22	S R	ange	36 E , N	мрм,	Lea			County	
III. DESIGNATION OF TRA	MCDADTE	מס מס מ	43TD 314 mm						County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil							d copy of this	form is to be		
Name of Authorized Towns of The										
El Paso Natural Gas	Address (Give address to which approximate Box 1492, El Paso, Te			.d copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.		Soc. T	vp. Rge		Is gas actually connected? Whe					
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or poo	d, give comming	gling order numi	ber:					
		Oil Well	1 0 11 11		,				•	
Designate Type of Completion	- (X)	LOU MEIL	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	L Ready to Pro	od .	Total Depth		<u> </u>	BBTD	<u> </u>		
Elevations (DE RKG PG GG							P.D.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Forma	uioa	Top Oil/Gas I	Top Oil/Gas Pay			Tubing Depth		
Perforations										
							Depth Casing Shoe			
	TT	JBING, CA	SING AND	CEMENTIN	JG PECOD		-! 			
HOLE SIZE	ZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							 			
	<u> </u>						 			
V. TEST DATA AND REQUES	TEODAI	LOWADY	72							
OIL WELL (Test must be after r	ecovery of tota	TOO WAYNE	باك معل مثا مسط						· · · · · · · · · · · · · · · · · · ·	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Yest	volume of to	da ou ana musi	Producing May	hod (Flow, pur	wable for this	depth or be fo	or full 24 hour	·s.)	
				1 tomaing tytes	nod (riow, pur	ry, gas lyl, e	(c)			
Length of Test	Tubing Prassure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bble			Water - Bbis			10			
							G24- MCF			
GAS WELL				· · · · · · · · · · · · · · · · · · ·		 -	<u> </u>			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)							The sound of the s			
invalor (puot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
L OPERATOR CERTIFICA	ATE OF	CONTRACT Y	NOT	<u></u>			,			
I hereby certify that the rules and regula Division have been complied with and it is true and complete to the best of my kn	tions of the Oi	l Conservation		0	IL CON	SERVA	TION E	VIVISIO	N	
while we are out of my ki	nowicase and i	belief.	1	I			700 K	U 1000		

WM Signature Wm. Scott Ramsey Printed Name

1989

July 13,

General Manager Tide 915-687-1664

Date Telephone 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.

Date Approved

By.

Title.

ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT I SUPERVISOR

- 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 rool in multiply completed walls

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