Submit 5 Copies
Appropriate District Office
DISTRICT I
P.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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS											
Openior Hal J. Rasmussen Ope		Well API No.									
Address Six Desta Drive, Suite 5850, Midland, Texas 79705											
Reason(s) for Filing (Check proper bax) New Well		Change is	Tana		·····	A Other (Please expl	ain)				
Recompletion Change in Transporter of: Recompletion Cil Dry Gas Change in name Change in Operator Casinghead Gas Condensate											
of change of operator give name Hal J. Rasmussen, 306 W. Wall, Suite 600, Midland, Texas 79701											
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Book Name Including Formation Visit of the Control											
State A Ac 2	Well No. Pool Name, Include 67 Eunice SR					ng Formation Qu, South	of Lease	L.	ezse Na		
Unit Letter K . 2615 Feet From The South											
Section 9 Township 22 S Range 36 E , NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil X or Condensate Texas New Mexico Pipeline						Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing	horized Transporter of Casinghead Gas [X] or Dry Gas [:					Box 42130, Houston, Texas 77242 Address (Give address to which approved copy of this form is to be sent)					
Phillips 66 Natural G If well produces oil or liquids,					Roe	Bartlesville, (Is gas actually connected?					
give location of tanks.	i i		İ	<u>i</u>		·	When	· ?			
If this production is commingled with that f IV. COMPLETION DATA	nom any oth	er lease or	pool, gi	V6 COIT	uningli	ing order number:					
Designate Type of Completion	· (X)	Oil Well		Gas W	'ell	New Well Workover	Dœpen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	i. Ready to	Prod.			Total Depth	<u> </u>	P.B.T.D.	<u> </u>	<u>. I</u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay	Tubing Depth				
Perforations							Depth Casing Shoe				
TUBING, CASING AND						CEMENTING RECOR	·!				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET	SACKS CEMENT				
									-		
7. TEST DATA AND REQUES					L			l		· 	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Yest						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
Length of Test											
Lengin of Tex	Tubing Prassure				1	Casing Pressure	Choke Size				
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.	Gas- MCF				
GAS WELL								'			
ctual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF	Gravity of Condensate					
esting Method (pitot, back pr.)	Tubing Pressure (Shui-in)					Casing Pressure (Shut-in)	Choke Size				
/L OPERATOR CERTIFICA	TE OF	COMP	LIAN	ICE	\neg	<u> </u>					
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and helief.					OIL CONSERVATION DIVISION AU6 2 3 1989						
112 5 4						Date Approved	i		~ U 130	J	
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	DISTR	W-1 1 2015	- KING		
Date			hone 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.

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HOBBS OFFICE