Submit 5 Coples
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 I-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

4.	ı	UIDA	いろうして		אוו שווא.	HUDAL G	40				
erator Well								MINO. 1 D25 D2572			
Hal J. Rasmussen Operating, Inc.							135	1 かえ5	シスち	12	
310 W. Wall; Suite	906; Mi	dland,	Texa	as 7970)1						
Reason(s) for Filing (Check proper box)					Ot	net (Please expl	ain)				
New Well		Change in	-	_							
Recompletion	Oil Casinghead	Gas 🗌	Dry Gas Condens								
If change of operator give name and address of previous operator			Inc.	: 303 %	. Wall:	Suite 2	200: Mid	iland, Te	exas 79	701	
II. DESCRIPTION OF WELL,			THE.	, 303 .	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0010	2.00		<u> </u>		
Lease NameWell No.Pool Name, IncludingState E22Wilson Ya						ates - Seven Rivers Such			f Lease No. Experience E-229		
Location						र्ग छहर					
Unit Letter K	:165	0	Feet Fro	om The	South L	ne and231	<u>()</u> Fe	et From The	West	Line	
Soction 23 Township	218		Range	34E		IMPM,		Le	<u>a</u>	County	
III. DESIGNATION OF TRANS	SPORTER	OF O	IL ANI	NATUI	RAL GAS					-	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
						P.O. Box 1188; Houston, Texas 77251-1188					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be zent)									(מתן		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	la gas actual	ly connected?	When	?	, 		
If this production is commingled with that f	rom any othe	r lease or	pool, give	commingi	ing order nur	ıber:					
IV. COMPLETION DATA		10000					1 -			-\	
Designate Type of Completion -	(X)	Oil Well 	l G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	.l.,	J	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay	Tubing Depth				
						rading popul					
Perforations						Depth Casing Shoe					
	TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE	SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
W MEON DAME AND DECISION			. 51.5								
V. TEST DATA AND REQUES OIL WELL Test must be after re				il and must	he equal to a	r arceed too all	auahla far thi	e dansk ne he f	~ full 2d how	me)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
								· · · · · · · · · · · · · · · · · · ·			
Length of Test	Tubing Pressure				Casing Pressure			Choke \$ize			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					l			<u> </u>		J	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MIMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
M ODED ATOD CEDITIES	ATTE OF	COM	OT TANI		<u> </u>			<u> </u>			
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula				ICE		OIL CON	ISERV	ATION [DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					Date Approved						
is true and complete to the best of my k	nowledge and	d belief.			Dat	e Approve	ed		<u>.</u>		
Micho 11		bu									
Signature			 -		∥ By_		INCOME.	GNED BY	JERRY SE	XTON	
Michael P. Jobe Agent Printed Name Title					ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
12/29/93			687	7-1664	Title)					
Date		TALA	nhone N		11						

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.