Submit 5 Cocies
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, Artecia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brica Rd., Arec, NM 87410

DECLIECT FOR ALLOWARIE AND ALITHORIZATION

I.				PORTO										
ರಜಾಯ						APINa								
Hal J. Rasmus	sen Oper	cating	<u>, I</u>	nd.										
Address	C : -	2700	342	11	T	707	A.5							
6 Desta Drive Reuson(s) for Filing (Check proper box)	, Suite	2700,	- <u>1</u> 1	a.ana,	rexas		्र (Please e	explair	1)					
New Well		Change Is	Trac	sporter of:_			1.	•	•					
Recompletion	Oil	X	Dry	Gas 🗆										
Change in Operator	Casinghead	4 G24 [Coc	dessate 🔲										
If change of operator give name and address of previous operator														
, ,		.07		· · · · · · · · · · · · · · · · · · ·	· · · · · ·									
II. DESCRIPTION OF WELL Lease Name	AND LEA	Well No.	Pool	Name, Inclu	ding Forma	Lion	. 81		Kind	of Lease		Leise !	Na.	
State E	Ì	22		ilson Y				ers		Formulax F	EX	E-22		
Location			<u> </u>			-								
Unit Letter K	.:163	50	. Feei	From The S	outh	Line	10d2	231)	F	est From The	West		Line	
Section 23 Townshi	21S		Rang	ge 34E		. NM	ſΡM,	Le	а			С	ounty	
	•			-									 	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND NATO						d anni adella	Commission has	t)		
Name of Authorized Transporter of Oil		or Cooks			11 6	·				ton Te			188	
Enron Oil Trading at Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)													
	(200 and 200 a													
If well produces oil or liquids,	Unit	Soc	Twp	Rge	. Is gas ac	ولاقت	comoated	?	Whe:	2 7				
If this production is commingled with that	(mm any orba	rleare or	~~1	mive comming	ilag order									
IV. COMPLETION DATA	nom any ome	T ICTIO OL	μω,	Sive connum	ning Older i		~·				· · · · · · · · · · · · · · · · · · ·			
		Oil Well	\neg	Gas Well	New W	ell	Workover		Deepen	Plug Dack	Same Res'v	pin	'Res'v	
Designate Type of Completion		<u> </u>	_Ĺ		<u> </u>	\perp				<u> </u>	1			
Data Spudded Data Compl. Ready to Prod.					Taul Depth					P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay					Tubing Depth			
Ectation (5) light with our mon						, ,								
Perforations						Depth Casing Shoe								
TUBING, CASING AND						CEMENTING RECORD								
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT			
, TEST DATA AND REQUES	T FOR AI	LOWA	BLE	<u> </u>	<u> </u>					J				
IL WELL (Test must be ofter re	be equal to or exceed top allowable for this depth or be for full 24 hours.)													
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lýl, etc.)								
	Carina Pro					Choka Size								
Leigth of Tex	Tubing Pressure					Casing Pressure								
Actual Prod. During Test	Oil - Bbls.	Water - Bbls					Oas- MCF							
										J				
GAS WELL														
cural Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF					Gravity of Condensate			
sting Method (pital, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shul-in)					Choke Size			
enting Method (place, oder pr.)	100108 1100													
L OPERATOR CERTIFICA	TE OF	COMPI	JAI	NCE				NIC		TIONE				
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.														
,						Date Approved								
Forth Casey														
المستفسين المستف						By								
Printed Name C/12/61						Title								
9/18/91 915-687-1664						<i>-</i> ـــ					· · · · · · · · · · · · · · · · · · ·			
Data		Telep) (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.

The state of anomics well name or number, transporter for other such changes