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 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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	1100	TO TRA	ANSP		AND NA						
Operator						Well API No.					
Hal J. Rasmussen Operating, Inc.							30-025-03431				
Address 310 W. Wall; Suite	906: M	idland	. Tex	cas 797	01						
Reason(s) for Filing (Check proper box)			,	140 777		es (Please expl	ain)				
New Well		Change in			_	,	•				
Recompletion	Oil		Dry Ga	_							
Change in Operator X	Casinghea	d Cas	Conden	sale _						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
and address of previous operator Col	lins & Y	Ware,	Inc.	303 W	. Wall:	Suite 22	200: Mid	land, Te	xas 797	01	
II. DESCRIPTION OF WELL	AND LEA	ASE									
ase Name Well No. Pool Name, Includi					ng Formation Kind c			(Lease No.			
Shell State	14 Wilson Yat				es - Seven Rivers Sute,			RASHINXAFEX B-1399			
Location				- בו ש							
Unit LetterL	_ :13	70	. Feet Pr	om The _S	outh Lim	and1]	124 Fe	et From The .	West	Line	
Section 7 Townshi	ip 21:	S	Range	3	5E . איז	мрм.			Lea	Constru	
Occided 7 TOWNERS	<u>p. 41</u>	<u>. </u>	Kanke		JE , Nr	Mrm.			цеа	County	
III. DESIGNATION OF TRAN	SPORTE			D NATU							
Name of Authorized Transporter of Oil		or Conder	mic		Address (Giv	e address to wi	hich approved	copy of this fo	orm is to be so	ni)	
Disposal Well Name of Authorized Transporter of Casin	Address (Giv	Address (Give address to which approved copy of this form is to be sens)									
	<i>p</i> ~~ 0_	لـــا	or Dry		Nontest (O)	E DOOR EST TO MY	пист вругочил	copy of this jo	*muwei	nu)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually	y connected?	When	?			
If this production is commingled with that	from any och	er lease or	pool, giv	e comming	ing order num	er,		·			
IV. COMPLETION DATA		10000									
Designate Type of Completion	- (X)	Oil Well	(das Well	New Well	Workover 	Deepen	Plug Back	Same Res'v 	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod.		Total Depth	L	.1	P.B.T.D.		<u> </u>	
Elembers (DZ DKD DZ CD)	1,	<u>-</u>			Too Olly Con	N	<u> </u>	L			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth						
Perforations						Depth Casing Shoe					
TUBING, CASING AND					CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET		8	SACKS CEMENT		
	 										
	+			 -				 			
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE		·	·····		.l. <u></u>	-		
OIL WELL (Test must be after t	ecovery of lo	tal volume	of load o	oil and must					or full 24 hou	73.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, puersp, gas lift, etc.)						
Length of Tex	Tubing Pressure					ne		Choke Size			
•	12000	Tubus Treams									
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gu- MCF			
	<u> </u>			-	<u> </u>						
GAS WELL Actual Prod. Test - MCP/D	The officer	Tast		,	IBNA Cardan			Tomular acc			
75.000 1 (00. 1 (00. 1 (1) (1) (1) (1) (1) (1) (1)	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
שיים מחת משמח תו	'ATTE OF	COM	T 1 A	ict:	 			1		·	
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						DIL CON	ISERV	ATION	DIVISIO	NC	
Division have been complied with and that the information given above					JAN 1 : 49 9 4						
is true and complete to the best of my knowledge and belief.					Date	Approve	ed	AN I !	'9 3 4		
CMIL.	//(,	Ma									
Signature							HAIRNEN	BY JERRY	SEXTON		
Michael P. Jobe Agent						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR					
Printed Name 12/29/93		(Q1	Title 5) 68	37-1664	Title	·					
Date 12/29/93			ephone N								

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.