Appropriate District Office DISTRICT J P.O. Box 1980, Hoobs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 882 DISTRICT III 1000 Rio Brazos Rd., Artec, NM 8 I.	10 17410 REQUE	nergy, Mineral DIL CONS Santa Fe EST FOR AL	SERV P.O. 1 , New M	New Mexico atural Resources Departm ATION DIVISIC Box 2088 Mexico 87504-2088 ABLE AND AUTHORI IL AND NATURAL G.			Rev See	n C-104 læd 1-1-89 Instructions ottom of Page
Hal J. Rasmussen (·		Wei	API No. -025-092	32	
Address Six Desta Drive, S	Guite 5850, 1	Midland, T	exas	79705				
Reason(s) for Filing (Check proper	bax)		<u> </u>	Other (Please expla	1 <i>in</i>)		·······	
New Well Recompletion Change in Operator	C Oil Casinghead (hange in Transpor Dry Gas Gas Condens	•	_				
f change of operator give name nd address of previous operator					<u> </u>			
I. DESCRIPTION OF WE	ELL AND LEAS	 						· · · · ·
Lease Name State A A/C 1	W	ell No. Pool Na	me, Inclus	ding Formation	Kind	of Lesso	<u> </u>	Lesse No.
Location	<u>L</u>	51 Jalm	at TN	SL-Yts-7R	State	Protection	¢	
Unit Letter	:1980) Feet Fro	an The	South Line and 1980		eet From The	East	
Section 3 Tor	wnship 23 S	Range		· _ ·		eet From The		Line
I. DESIGNATION OF T					<u>Lea</u>		<u> </u>	County
I. DESIGNATION OF TH lame of Authorized Transporter of O	CANSPORTER	OF OIL AND Condensate	<u>NATU</u>	RAL GAS				
lame of Authorized management	ليسمها			Address (Give address to whi	ch approved	copy of this f	orm is to be	seni)
lame of Authonized Transporter of C XCEL Gas Co.	Casinghead Gas [or Dry G	A. X	Address (Give address to whi	ch approved	copy of this f	orm is to be	seni)
well produces oil or liquids, ve location of tanks.	Unit So	c Twp	Ree	Six Desta Drive Is gas actually connected?	e, <u>Suit</u>	<u>e 5800,</u>	Midland	, Tx 797
		1 1	1	· · ·	When	1 <u>12/01</u>	/20	
this production is commingled with COMPLETION DATA	that from any other le	ease or pool, give	comming	ling order number:		12/01	/09	
	[o	il Well Ga	• Well					
Designate Type of Complet	ion - (X)	1	s Well X	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Complet	ion - (X) Date Compl. R	eady to Prod.	s Well X	New Weil Workover Total Depth	Deepen	Plug Back X P.B.T.D.	Same Res'v	Diff Res'v
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- 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 filled for each pool in audial compared of

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