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 \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III		
1000 Rio Brazos	Rd, Anec, NM	87410

I.						ID AUTHOR NATURAL G				
Operator			11101 0	TIT OIL	- 1110	MICHALG				
Hal J. Rasmussen Operating, Inc.						30-025				5 5
Address	4. 505			-						<u></u>
Six Desta Drive, Su Reason(s) for Filing (Check proper box)	1te 585	0, Mi	dland,	Texas	s 7970	5 Other (Please exp	tei-1			
New Well		Change in	Transport	ಷ of:		Otici (Fiest 24)	ши			
Recompletion	Oil		Dry Gas	₽						
Change in Operator	Casinghead	d Gas	Condens	ate 🗌						
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	SE								
Lease Name		Well No.	Pool Nar	ne, Includi	ng Formal	ion (Pro Ga	S) Kind	of Leaso	1	esse No.
State A A/_C 1	Jalmat Tansill Yt Seven Sob, Federal or Fee									
Location		660			Sout		KVIS			
Unit LetterM	- :	000	_Feet From	n The	Sout	Line and 66	<u> </u>	et From The	West	Line
Section 4 Township	23	S	Range	36	E	, NMPM,	Lea			C
										County
III. DESIGNATION OF TRAN	SPORTE	ROFO	IL AND	NATU	RAL G	AS	-			
I amplified transporter of Oil		or Coade	LESTO E		Address	(Give address to w	hich approved	copy of this form	is 10 be se	ni)
Name of Authorized Transporter of Casing	head Gas		or Dry G	25 X	Address	(Give address to w	hick approved	com of this form	is to be se	-43
XCel Gas Co.					Six D	esta Drive	, Suite	5800, Midl	and, 7	መን በx 79705
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp	Rge.		ually connected?	When			
			<u> </u>		<u> </u>	yes		12/1	81	
If this production is commingled with that f IV. COMPLETION DATA	tom any out	r. : erre or	pool, give	commingl	ing order i	number:	·			
		Oil Well	G ₂	s Well	New W	ell Workover	Deepen	Plug Back San	ne Per'v	Diff Res'v
Designate Type of Completion -	· (X)	İ	_ i _		, 	1		i ting pack (52)	TE VET A	Dill Kerv
Date Spudded	Date Compl	l. Ready to	Prod.	-	Total De	pth .		P.B.T.D.		-1
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducina E			Too Oil/	Sae Pau	-			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations	L			·				Depth Casing Sh	Depth Casing Shoe	
			·					-		
TUBING, CASING AND										
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT				
										
V TECT DATA AND DECLIES	T FOR A		1 D 7 D							
V. TEST DATA AND REQUES OIL WELL (Test must be after re				and must	he equal t	o or evered top all	annakta Camakta			
Date First New Oil Run To Tank	Date of Test		0) 1000 00	ena musi		Method (Flow, p			11 24 hour.	5.)
Length of Test	Tubing Pressure		Casing Pressure			Choke Size				
uctual Prod. During Test Oil - Bbls.			Water - Bbls.			G26- MCF				
• • • • • • • • • • • • • • • • • • • •	On - Boile		Water - Boil			OL-MCF				
GAS WELL							 -	<i>'</i>		
Actual Prod. Test - MCF/D	Length of T	esi			Bbls. Coo	densate/MMCF		Gravity of Coods	nsale	
Testing Method (pitot, back pr.)	d (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shul-in)			Choke Size				
	<u> </u>									
VI. OPERATOR CERTIFICA				E		OIL CON	ISERVA	ATION DIV	/1910	NI
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION DEC 1 8 1989							
is true and complete to the best of my knowledge and belief.			Date Approved							
					Date Approved					
Simpling			By ORIGINAL SIGNED BY JERRY SEXTON							
Signature Jay Cherski Agent			DISTRICT I SUPERVISOR							
Printed Name Tule (2 / 1 / 89 915-687-1664			Tit	le						
Date			phone No.						-	
					1					

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

CB

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DEC 15 1989

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