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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

P.O. Box 2088

OIL CONSERVATION DIVISION

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		San	ta Fe, New	Mexico 875	104-2088							
I.				ABLE AND			ION					
On the Control of the												
Hal J. Rasmussen Operating, Inc.												
Address Six Desta Drive, Suit	e 5850,	Midla	nd, Texas	s 79705								
Reason(s) for Filing (Check proper box)			<del></del>	X O	her (Please ex	xplain)	•		<del></del>			
New Well			ransporter of:	1								
Recompletion	Oil Casinghead	U Gas □ C	Ory Gas L Condensate	. C1	hange in	n name	2					
If change of country sive name				Wall, Su	ite 600,	, Midl	land	, Texas	79701			
II. DESCRIPTION OF WELL	ANDIEA	SE TA	۸							<del></del> .	_	
Lease Name				uding Formation	(Pro G	<del>Gas)</del>	Vind	of Lease	<del> , ,</del>	<del></del>		
State A A/C 1		18	Jalmat Ta	ensill Yt	Seven F	Rvrs		r Least <del>Federal or Fe</del>		ease No.		
Location Unit Letter M	. 660	)·	eet From The	South	ne and	660	E	et From The	West	*:	_	
Section 4 Township	, 23	c		26 F	_	ea	FC	et Fioli The		Line		
										County	_	
III. DESIGNATION OF TRAN. Name of Authorized Transporter of Oil		or Condense				<del>,</del>			<del></del>			
The or reasonable transporter of Oil		or Condenda	" <u> </u>	Address (Gr	ve address to	which ap	proved	copy of this f	orm is to be se	ent)		
Name of Authorized Transporter of Casing	Address (Gi	ve address to	which ap	proved	copy of this f	orm is to be se	ent)					
El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent)  Box 1492, El Paso, Texas 79978							
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.				Is gas actually connected? When				7			
If this production is commingled with that f	rom any othe	r lease or po	ol, give commi	ngling order num	iber:						<u>-</u>	
	<del></del>	Oil Well	Gas Well	New Well	Workover	Dec	epen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -		<u></u>			<u>i</u>	<u>i</u>						
Date Spudded	Date Compl. Ready to Prod.			Total Depth	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations									Depth Casing Shoe			
								,	,			
TUBING, CASING AND					CEMENTING RECORD							
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
I TECT DATE AND DECYMEN	7 700											
V. TEST DATA AND REQUES' OIL WELL (Test must be after re				ent has a result to a re-			£ 41 %.		611041	•		
Date First New Oil Run To Tank	Producing M	be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)										
			· <del></del>									
ngth of Test Tubing Pressure				Casing Press	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - E.b.s.			Water - Bbis.	Water - Bbls.			Gas- MCF				
GAS WELL	<del></del>							<del></del>				
Actual Prod. Test - MCF/D	Length of Te	12:	<del></del>	Bbls. Conden	sale/MMCF	·		Gravity of Co	ondensate		٦	
esting Method (pitot, back pr.)  Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size				
									,			
VI. OPERATOR CERTIFICA	TE OF	COMPLI	IANCE		)!! CC!			~!^!			لب	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISIONS							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								AU	ULUI			
UM Scatt Ramers				Date	Date Approved				IED DV IEDDV CEVEAL			
				D.,	ORIGINAL SIGNED BY JERRY SEXTON  By DISTRICT I SUPERVISOR							
Signature Wm. Scott Ramsey	Ger	neral M	anager	∥ By_		<u></u>	: 54.9 %	,	- 1			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

July 13,

1989

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

<u>915-687-1</u>664

Title

Telephone No.

- 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.