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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTRA	ANS	PORT	OIL	AND NA	TURAL G	AS					
Operator									Well API No.				
Hal J. Rasmussen Opera	iting. I	nc.	<del></del>			:	<del></del>		<del>.</del>	· · · · · · · · · · · · · · · · · · ·			
Six Desta Drive, Suite	5850 -	- Midl	and	d, Tex	as								
Reason(s) for Filing (Check proper box) New Well		<b>~</b> !	. T			X Or	er (Please expl	ain)					
Recompletion	Oil	Change in	•	nsporter of: / Gas	: 	Ch.							
Change in Operator	Casinghead	Gas 🗀		ndensate		Clia	ange in r	lame					
If change of operator give name Hal J	J. Rasmu	ıssen,	30	06 W. 1	Wal:	l, Suite	600 - M	idland,	Texas	79701			
II. DESCRIPTION OF WELL	AND I FA	CE.											
Lease Name	ng Formation Kind o			of Lease No.									
State A A/C 1									Contention Rec				
Location					,						<del></del>		
Unit Letter H	_ : <u>19</u>	080	_ Fee	t From Th	e No	orth Lin	e and 660	Fe	et From The	East	Line		
Section 4 Township 23 Range 36 NMPM, Lea County													
III. DESIGNATION OF TRAN	SPARTEI	OFO	TT. A	AND NA	וו דידי	DAT CAS							
Name of Authorized Transporter of Oil		or Conde			1101		e address to w	hich approved	copy of this	form is to be s	enti		
Name of Authorized Transporter of Oil Or Condensate  Texas New Mexico Pipeline Co.  Address (Give address to which approved of Box 42130, Houston, Tex													
Name of Authorized Transporter of Casinghead Gas A or Dry Gas						Address (Give address to which approved copy of this form is to be sent)							
Phillips 66 Natural Gas Co.  If well produces oil or liquids, Unit Sec. Twp. Rge					D	Bartlesville, Oklahoma Is gas actually connected? When?							
give location of tanks.	<u>        i           i                </u>		Ĺ				-	When	7				
If this production is commingled with that f	rom any othe	r lease or	pool,	, give com	mingli	ng order num	ber:						
IV. COMPLETION DATA		Oil Well		Gas We	-11	New Well	Workover	Deepen	Diug Dook	Same Res'v	him n		
Designate Type of Completion -	· (X)		i			Mem Well	WOLKOVE	Deepen	Plug Back	l 25me Ker.A	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.					Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations							<del></del>	<del></del>	Depth Casing Shoe				
										., 5			
	TUBING, CASING AND					CEMENTING RECORD			4				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			<u> </u>	SACKS CEMENT			
					-	· · · · · · · · · · · · · · · · · · ·	<del> </del>		<del> </del>				
										<del></del> ·			
V. TEST DATA AND REQUES													
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test							be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
	Date of Year					s source (s son, party, gas 191, etc.)							
Length of Test	Tubing Pressure				Casing Press	ıre		Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF					
GAS WELL					1		<del> </del>						
Actual Prod. Test - MCF/D	Length of To	eri				Bbls. Conden	sate/MMCF		Gravity of C	Ondencate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
VI OPERATOR CERTIFIC	ATE OF	COV	) T T	A NICTY									
VI. OPERATOR CERTIFICATE OF COMPLIANCE  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						AUG 3 0 1989							
is true and complete to the best of my k	nowledge and	belief.			1	Date	Approve	d			<del></del>		
I In Scatt Va	ms . ~						•						
Signature Kumsun						By ORIGINAL SIGNED BY JERRY SEXTON							
Wm. Scott Ramsey General Manager Printed Name						DISTRICT I SUPERVISOR							
July 13, 1989	9	15-687		_		Title							
Date				e 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.
- 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.