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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWARI F AND AUTHORIZATIO

<b>-</b>							AUTHOR						
l.		TO TRA	NSF	PORT	OIL	<u>. AND NA</u>	TURAL G						
Operator								Well	Well API No.				
Hal J. Rasmussen Opera	ating.	Inc.											
Address	•												
Six Desta Drive, Suite	≥ 5850	- Midl	and,	, Tex	as	79705							
Reason(s) for Filing (Check proper box)						X Ou	er (Please exp	lain)					
New Well		Change in	Trans	porter of	f:	_	·	•					
Recompletion	Oil			-		Cha	ange in 1	name					
Change in Operator	Caringhe	ad Gas 🔲	•			O.I.	gc	ildine					
·····					Wal	1 C	e 600 <b>-</b> 1	Vidland	Torrag	70701			
and address of previous operator	J. Nasu	iusseii,		5 W.	wal	i, suite	2 600 - 1	midiand,	lexas ,	9701			
T DESCRIPTION OF HIGH	ANDID	4 C75							<u> </u>				
II. DESCRIPTION OF WELL Lease Name	AND LE		1										
1 00 1 110 1						•			Kind of Lease		Lease Na		
State A A/C 1	te A A/C l 38 Jalmat Tar					sill Yt SR (Pro Gas) Si			REMOVE MONTHS				
Location	_												
Unit Letter M	_ :9 <sup>,</sup>	90	Feet	From Th	ne	South Lin	e and99	O .	tet From The	West		Line	
								•				1386	
Section 10 Township	<sub>p</sub> 23 S		Rang	e	36	E .N	МРМ.	Lea			Count	itv	
												лу	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND N	ATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conden					e address to w	hich approved	copy of this f	orm is to be se	ent)		
	لــا			لـــا		•				2 2 00 00	/		
Name of Authorized Transporter of Casing	ohead Gas		or Dr	v Gas [	<u> </u>	Address (Gir	n add-an en	.List same					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X  El Paso Natural Gas Company								copy of this form is to be sent)					
If well produces oil or liquids,					<b>D</b>	Box 1492, E1 Paso, Te  Is gas actually connected? Whe			<del></del>				
give location of tanks.	Unit	S∞.	Twp.	1	Kge.	is gas actual	y connected?	When	1 7				
	<u>.</u>	<u></u>	L	<del></del>	<del></del>	1		L					
If this production is commingled with that t	from any oth	ret lease or	pool, g	zive com	uningl	ing order num	ber:	·				_	
IV. COMPLETION DATA													
Designate Trans of Community	an	Oil Well		Gas W	ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Re	s'v	
Designate Type of Completion	- (X)	.1				1	1	İ	İ	i	i		
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth			P.B.T.D.	<del></del>	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	omatic	X0		Top Oil/Gas	Pay		Tubing Deal	<u> </u>			
, and the state of						· ·	·	ruoing Depi	Tubing Depth				
Perforations						L	<del></del>	<del></del>	Depth Casin	o Chan			
									Depui Casin	g zuoe			
···			<u> </u>	D. 7.0					<u> </u>				
TUBING, CA					עאט	CEMENT1	NG RECOR	<u>m</u>	· · · · · · · · · · · · · · · · · · ·				
HOLE SIZE	ASING & TUBING SIZE				DEPTH SET			5	SACKS CEMENT				
	<u> </u>												
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLI	$\Xi$					•				
OIL WELL (Test must be after re	ecovery of u	otal volume	of load	i oil and	musi	be equal to or	exceed top all	owable for the	s depih or be i	or full 24 hour	rs.)		
Date First New Oil Run To Tank	Date of Te	•	•				ethod (Flow, pr						
		-											
Length of Test	Tubing Pre					Casing Press	100		Choke Size				
	1 doing Fit	22016				Casing 11cas	210		,				
Astrol Band Davis Tree						397 . 70.5							
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.			Gas- MCF				
						<u></u>							
GAS WELL													
Actual Prod. Test - MCF/D	Length of	Test				Bbls. Conder	sate/MMCF		Gravity of C	Ondensale			
							Old villy of C						
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	·				
catal motion (pass, seen pry	1001116		,			Casing Freeze	ne (strue-tu)		Choice Size				
<del></del>	<u> </u>					ļ,							
VI. OPERATOR CERTIFIC.	ATE OF	COMP	LIA	NCE		ر اا	oox	10551					
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						OIL CONSERVATION DIVISION AUG 3 () 1989							
is true and complete to the best of my k	nowledge a	ad belief.				Date	Approve	od.	*****				
UM rott Kamery							ORIC	SINAL RICH	JED N.				
Signature						By DISTRICT I SUPERVISOR							
Wm. Scott Ramsey	<u>/</u>	<u>General</u>		nagei	<u>r_</u>	`		KIC	1 SUPERV	SOR	-		
Printed Name		NIE / ^ =	Title	. ,		Title			!				
July 13, 1989		915- <u>687</u>			<del></del> ,								
Date		Telep	phone	No.		11							

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.