Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	Energ		of New Mexico Natural Resources Department		Form C-104 Revised 1-1-89 See Instructions	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	OIL		VATION DIVIS	SION		at Bottom of Page
DISTRICT III 1000 Rio Brazos Rd., Anec, NM 8741	10		w Mexico 87504-2088	3		
I.	REQUEST	FOR ALLON RANSPORT	WABLE AND AUTHO		l	
Орелься Hal J. Rasmussen Ope				Well	APINO.	
Address		30	0-025-09293			
Six Desta Drive, Suit Reason(s) for Filing (Check proper bax	te 2700, Midla v	ind, Texas	79705 Other (Please	emplain	·	
New Well Recompletion X	Change Oil	In Transporter of		Cymry		
Change in Operator	Casinghead Gas					
and address of previous operator		<u> </u>				
II. DESCRIPTION OF WEL		Pool Marra Is	duti a P			
State A A/C 1	55			of Lease Federal or Fee	Lesse No.	
Unit Letter E	: 1980	Feet From The	North			<u> </u>
Section 10 Towns		26	E	_	eet From The \underline{E}	astLine
		Range 36	, INIVER MI,	Lea		County
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	or Coad		TURAL GAS Address (Give address to	a which concerns		•
Texas New Mexico Pipe Name of Authorized Transporter of Casi	eline		<u>Box 42130, Ho</u>	uston, Te	xas 77242	
XCEL Gas Co.		or Dry Gas	Address (Give address to Six Desta Dri	which approved	copy of this form	is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Soc.	Tup. R	ge. Is gas actually connected	When	?	rand, 1x /9/0
If this production is commingled with that IV. COMPLETION DATA	from any other lease o	r pool, give comm	ingling order number:		8/17/90	
IV. COMPLETION DATA					······································	
Designate Type of Completion	1 - (X)	x		Deepen	Plug Back Sam X	e Res'v Diff Res'v
•	Date Compl. Ready to Prod. 8/17/90		Total Depth 3800		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I Yates-		Top Oil/Gas Pay		3635 Tubing Depth	
3140-3 3 91	3140		Depth Casing Shoe			
		CASING AN	D CEMENTING RECO)RD		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
	2 3/8		3141		1	
. TEST DATA AND REQUES	ST FOR ALLOW	ABLE	<u> </u>	1	<u> </u>	
Date First New Oil Run To Tank	Date of Test	ofload oil and mu	us be equal to or exceed top a Producing Method (Flow,)	llowable for this e pump, gas lift, etc	depth or be for full	24 hours.)
ength of Test	Tubing Pressure		Casing Pressure			
uctual Prod. During Test					Choke Size	
	Oil - Bhis.		Water - Bbis.		Gas- MCF	
GAS WELL cural Prod. Text - MCF/D						
225	Length of Test 24 hours		Bbls. Condensate/MMCF		Gravity of Condensate	
sting Method (pilot, back pr.)	Tubing Pressure (Shul-in)				Choke Size	
back_pressure L. OPERATOR CERTIFICA	ATE OF COMP	TANCE			·····	
I hereby certify that the rules and regulat Division have been complied with and the	tions of the Oil Conserv	lion	OILCON	SERVA	TION DIVI	SION
le tous and some last of the second sec		above			4 6	
is the sho complete to the best of my br	nowledge and belief.	a above	Date Approve	d	· · · ·	29
Is true and complete to the best of my kn Mona Hupt	nowledge and belief.	above				
Mona Host	Sec	retary	By		·····	
Signature Nona Hopkins	Sec 915-6				·····	

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.