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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

OIL CONSERVATION DIVISION 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

Υ						BLE AND AUT							
I. Operator		TOTRA	NSP	ORT	OIL	AND NATUR	AL G/		50.00				
							Well A	PI No.					
Hal J. Rasmussen Opera				m -		70705				·	<u> </u>		
Six Desta Drive, Suite Reason(s) for Filing (Check proper box)	e 2820 ·	- Midi	and,	Tex	as						-		
New Well		~ :	~		e.	X Other (Ple	ase expla	iir)					
Recompletion	Oil	Change in			<u>"</u>	01							
Change in Operator		, c 🗀	Dry G		Ξ	Change	in n	ame					
		d Gas 📋			<u>U</u>	1 0 1 (0)	 						
and address of previous operator Hall	J. Kasm	ussen,	306	W	waı	1, Suite 60) – M	idland,	Texas /9	/01			
II. DESCRIPTION OF WELL	AND LEA		-										
Lease Name						ng Formation		Kind of Lease Lease No. State, French Fee X					
State A A/C 1			Lan	Langile Ma		ttix SR Qu GB		State,	State, #EGEPAPOR NEED				
Location Unit LetterE							North Line and Fee				West		
26 E Ioo													
Section 10 Townshi	p 23 S		Range	30) E	, NMPM,	ىل	ea 			County		
III DECICNATION OF TO AN	icnonee	D 0D 0	** . * .	m 3.1									
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE			ID NA	ATU.								
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be									is to be set	nt)			
nme of Authorized Transporter of Casinghead Gas or Dry Gas					J	Address (Give addre	ich approved	copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Twp		Rge.	Is gas actually conn	When	When 7						
	\perp		L										
If this production is commingled with that	from any oth	er lease or	pool, gi	ve com	mingl	ing order number:							
IV. COMPLETION DATA						·					<u>. · · · · · · · · · · · · · · · · · · ·</u>		
Designate Type of Completion	- (X)	Oil Well		Gas W	cli	New Well World	kover	Deepen	Plug Back Sa	ne Res'v	Diff Res'v		
Date Spudded	Date Comp	d. Ready to	Prod.			Total Depth			P.B.T.D.		1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay		Tubing Depth					
Perforations													
									Depth Casing Si	106			
		TIDDIC	CACE	NO A	100	OE) CENTRALO D	F00 P		<u> </u>				
HOLE SIZE	HOLE SIZE CASING & TUBING, CASING AND												
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPT		SACKS CEMENT					
	 				-				ļ				
	 						·····		 				
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE			L	_		<u> </u>				
_					must	he equal to or exceed	l top allo	wahle for this	denth or he for t	ill 24 hour	·= 1		
Date First New Oil Run To Tank	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 Tes	_				,			,				
Length of Test	Tubing Pres	STUTE				Casing Pressure			Choke Size				
•						,							
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF					
•													
GAS WELL	J								<u> </u>				
Actual Prod. Test - MCF/D	Warret at	F				DU 0			· · · · · · · · · · · · · · · · · · ·				
Actual Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF			Gravity of Condensate				
Tasting Mashad (-ited back)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			l Color C'arr					
Testing Method (pitot, back pr.)	Tuoing Fre	serie (20m	-ш)			Caring Pressure (Sn	m-fD)		Choke Size				
		=			-				<u> </u>				
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	1CE				CEDV	TION DI	\/\C\C	. N. 1		
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 is true and complete to the best of my knowledge and belief.						AUG 3 0 1989							
/ / /						Date App	rove	<u> </u>					
la la Sextenda									SIGNED BY	HERRY CI	EXTON		
Signature School Raman						Ву		UKIGINAI	, SIGNED DI STRICT I SUPI	EDVISOR			
Wm. Scott Ramsey General Manager								7017	S CHICK TO SOL				
Printed Name			Title		_	Title	•	e de desarra			::my		
July 13, 1989	9	15-687			_	''''			······································				
Date		Tele	A sooda	MO.		H							

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.

BECEIVED

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