Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box, 1980, Hobbs, NM 88240 <u>DISTRICT 11</u>				als and l	f New Mexic Natural Resou VATION	irces Depai		·	Rev Sce	n C-104 Sed I-I-89 Instructions ottom of Pa
P.O. Drawer DD, Artesia, NM 882	10			P.O.	. Box 2088		ION			
DISTRICT III 1000 Rio Brizos Rd., Artec, NM 8	7410				Mexico 87.					
I.	RE		FORA	LOW	ABLEAND	AUTHO	RIZATIO	N		
Operator				OHIC	DIL AND N	ATURAL				
Hal J. Rasmussen	Operatin	g, Inc.	•				\ **	ell API No.		
Six Desta Drive,	Suite 58	50. Mtd	lland	Теха	a 70705	<u> </u>				
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Change in Operator		head Gas [Dry G		J C 1	hange i	n name			
if change of operator give name and address of previous operator				_	Wall, Sui	to 600	Midler		70701	·
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<u>El Paso Natural Gas</u>	Co.	·····	or Diy			eaddression 2. El Pa	which approve 150. Tex	d copy of this	form is to be s	ens)
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ened well must be accompanied by tabulation of coviation 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.