Submit 5 Copies
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

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

Santa Fe, New Mexico 87504-2088

I. Operator	HE(QUEST TO T	FOR A	ALLOW PORT (ABLE AND N	D AUTHO	PIZATIO	N		
.r	TO TRANSPORT OIL AND NATURAL GAS							Vell API No.		
Hal J. Rasmussen Operating, Inc.								3	0-025-09300	
6 Desta Drive, Reason(s) for Filing (Check proper b	Suite 27	00, Mi	.dland	, TX 7	97.05					
New Well	ax)	C	. !- ~			ther (Please ex	plain)			
Recompletion XX	Oi!	Change	in Transp		1 0 2	A (1	7	4		
Change in Operator	Casingh	ead Gas			Uda	(Con	, lo :	Leave .	Mame.	
If change of operator give name and address of previous operator						· · · · · · · · · · · · · · · · · · ·				
II. DESCRIPTION OF WE	I.I. AND TI	PA CE								
Lease Name		Well No	a Pool N	lame Inchi	ding Formation			·		
State A A/C	3 CemiA	4	Já	almat-	Insl-Yts	-7R	Ki Sta	nd of Lease the Federal or Fee	Lease Na	
Location Unit Letter B		560								
Unit LetterB	— :— <u> </u>		Feet Fr	om The _	North Li	ne and23	LO	Feet From The	East Line	
Section 10 Town	nship 23	3S	Range	36I	Ξ ,	ІМРМ,	I	ıea		
III. DESIGNATION OF TO	13100000								County	
III. DESIGNATION OF TRA					RAL GAS					
Texas New Mexico Pipeline Co.						Address (Give address to which approved copy of this form is to be sent) Box 42130, Houston, TX 77242				
Name of Authorized Transporter of Casinghead Gas or Dry Gas XCEL Gas Co.					Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids					5 Desca brive, Saite 5700, Midland, TX 7970					
give location of tanks.	i i	Sec.	Twp.	1	Is gas actuall		Who			
If this production is commingled with th IV. COMPLETION DATA	at from any oth	er lease or	pool, give	comming	ing order numi	res ber:		12/3]	./90	
1V. COMPLETION DATA					·					
Designate Type of Completion	n - (X)	Oil Well	l G	s Well	New Well	Workover	Deepen	Plug Back Sam	e Res'v Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.	4	Total Depth	X		1 1	i X	
12-19-60 Elevations (DF, RKB, RT(GR)etc.)	 	12/31			3	729		P.B.T.D.	370	
3468.	Name of Producing Formation Yates				Top Oil/Gas Pay 3059			Tubing Depth		
Perforations					1 3009					
3059-3148'								Depth Casing Sho	c	
HOLE SIZE	TUBING, CASING AN				D CEMENTING RECORD					
	CASING & TUBING SIZE			E	DEPTH SET			SACKS CEMENT		
	SEE ORIGINAL COL				PLETION					
. TEST DATA AND REQUE	ST FOR AI	LOWA	BLE							
IL WELL (Test must be after t	ecovery of sola	l volume of	load oil d	and must be	equal to or ex	sceed ton allow	ahla lomakin			
ate First New Oil Run To Tank Date of Test					st be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
ength of Test	Tubing Press									
	rantif Licentif				Casing Pressure			Choke Size		
ctual Prod. During Test	Oil - Bbls.			W	Water - Bbls.			G25- MCF		
A C TITOL T	L							•		
AS WELL tual Prod. Test - MCF/D	71									
120	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choka Sina		
pitot				1		(Struc-III)		Choke Size		
OPERATOR CERTIFICA	TE OF C	OMPL	IANCE							
i nereby certify that the rules and regulations of the Oil Community					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.					/ · · · · · · · · · · · · · · · · · · ·					
Z in	•	-			Date A	pproved.		FEB 13	िरिट	
Signature	making filled.					D. ONESTER				
Bonita Gilbert Secretary					By ORIGINAL SUBJAND BY JURRY SENTON					
Printed Name 2/8/91	((πι 915) 68	ie 7-1664	_	Title			A TO THE STATE SE		
Date		Telephor		-						
				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.