Submit 5 Copies
Appropriate District Office
DISTRICT J
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

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210				ox 2088							
DISTRICT III	S	anta Fe, New	Me	exico 8750	24-2088						
1000 Rio Brazos Rd., Artec, NM \$7410	REQUEST F	OR ALLOW	/AE	BLE AND	AUTHORI	MOITAN					
I.	TOTR	ANSPORT (OIL	AND NA	TURAL GA	us As					
Operator								APINa			
Hal J. Rasmussen Operating, Inc.						30	30-025-09309				
Address	-							<u> </u>			
Six Desta Drive, Su	<u>iite 5850, Mi</u>	dland, Tex	kas								
Reason(s) for Filing (Check proper box) New Well				Orp.	es (Please expla	jn)	*				
Recompletion		la Transporter of: Dry Gas	ল								
Change in Operator	Casinghead Gas	_ • •	-								
If change of operator give name							·				
and address of previous operator						 					
II. DESCRIPTION OF WELL	AND LEASE										
Lease Name	Well No.	Pool Name, Inc	ludi	ng FormationP	ro Gas)	Kind	of Lease		esse No.		
State A A/C 1	16	5 Jalmat	T a	ansill	Yt Seve	n Que	Federal or Fee				
Location		_									
Unit Letter A	_ :660	_Feet From The	101	rth_Lim	and	660 F	et From The _	East	Line		
Section 1.1 True 1.	0.2	_		-							
Section 11 Township	p 23 S	Range	3 (6 E , M	лРМ,	Lea			County		
III. DESIGNATION OF TRAN	זו זיי	DAY CAC									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU Name of Authorized Transporter of Oil or Condensate			101	Address (Give	copy of this for	- 10 10 10 10 10					
	<u></u>	ليا		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ich approved	copy of this joi	'M U 10 06 3	en)		
Name of Authorized Transporter of Casing	zhead Gas 🔲	or Dry Gas K7	7	Address (Giw	address to wh	ich appraved	com of this for	m is to be a			
XCel Gas Co.				Six Dest	a Drive,	Suite	d copy of this form is to be sent) 5800, Midland, Tx 79705				
If well produces oil or liquids, give location of tanks.	Unit Soc.	Twp R		is gas actually		When		<u> </u>			
	<u> </u>	<u> </u>		yes		i	12/1	89			
If this production is commingled with that t	from any other lease or	r pool, give commi	ingli	ng order numb	er:						
IV. COMPLETION DATA											
Designate Type of Completion .	- (X)	II Gas Well		New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to	o Prod		Total Depth	<u> </u>						
	Comp. Ready	o rioc		rom Depu			P.B.T.D.		"		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			\dashv	Top Oil/Gas Pay			1				
the state of the s							Tubing Depth				
Perforations					Depth Casing Shoe						
											
TUBING, CASING AND				CEMENTING RECORD							
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
			_				 				
. TEST DATA AND REQUEST FOR ALLOWABLE							<u> </u>				
	covery of total volume		ust E	be equal to or a	exceed top allow	unhle for this	denth on he for	6.11.24 1	1		
Date First New Oil Run To Tank	Date of Test	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T	Producing Met	hod (Flow, pun	v. sas list. e	ic.)	јші 24 кош	73.)		
			_	_	, ,		•				
Length of Test Tubing Pressure				Casing Pressure			Choke Size				
Ashad Bad Daile Tour	Oil - Bbls.			Water - Bbls.							
Actual Prod. During Test							Gas- MCF				
O LO TYPE T							<u> </u>				
GAS WELL								•			
Actual Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Tubing Method (pitot, back pr.) Tubing Pressure (Shut-in)			_								
Tubing Method (pitot, back pr.) Tubing Pressure (Shut-in)			ľ	Casing Pressure (Shut-in)			Choke Size				
(II ODED ATOD CED TITLE											
VL OPERATOR CERTIFICA					II CON	SEDV	TION D	11/1010	 .		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION							
is true and complete to the best of my knowledge and belief.							DEC 1	DEC 1 8 1989			
	$\hat{\mathcal{O}}$		İ	Date	Approved			- 100			
Ja Char				_							
Signature Law Charolei	Ву	60									
Jay Cherski Agent Printed Name Title					TILLO ORIGINAL SIGNED BY JERRY SEXTON						
12/11/89	915-687			Title_		STRICT I	SUPERVISC	2			
Date	Tele	phone No.							~,		

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.

RECEIVED

OEC 15 1969

OCD HOBBS OFFICE