Submit 5 Copies
Appropriate District Office
DISTRICT 1
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, Arletia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brizos Rd., Ariec, NM 87410

I.	REQ					AUTHOR	_				
Openior Hal J. Rasmussen Oper	We							-025-09316			
Addrus Six Desta Drive, Suit	e 2700	, Midl	and,	Texas 7	79705	,	L_				
Reason(s) for Filing (Check proper bax) New Well Recompletion Change in Operator	Oil	Change	In Transp	orter of:		her (Please exp	lain)				
f change of operator give name and address of previous operator											
I. DESCRIPTION OF WELL	AND LE	ASE						-			
State A A/C 1	Well No. Pool Name, Including 85 Jalmat Ths							of Lease No. Bederal or Fee			
Location Unit LetterF	. 2.	310		- N	North -	ne and 2310) _		West		
								eet From The	WC3L	Line	
Section 11 Townshi	p 23	3 S	Range		36 E,N	ІМРМ,	Lea			County	
II. DESIGNATION OF TRAN	SPORTE	OF Coods		D NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent) Box 42130-Houston, Texas 77242										
Texas New Mexico Pipe Name of Authorized Transporter of Casin	aghead Gas or Dry Gas X									1	
XCEL Gas Co.	J 02			Address (Give address to which approved Six Desta Drive, Suite							
If well produces oil or liquids,	Unit	Soc.	Twp	Rge	Is gas actually connected? When					111 73703	
ive location of tanks.	<u>i </u>	<u> </u>	1	İ	Yes			10/20/90			
this production is commingled with that: V. COMPLETION DATA	from any ot	her lease or	pool, giv	ve comming	ling order num	iber:					
Designate Type of Completion	- (X)	Oil Wel	ı (Gas Well X	New Well	Workover X	Deepen	Plug Back S	ame Res'v	Dist Res'v	
Date Shriqqeq	Date Com	•	o Prod.		Total Depth	· · · · · · · · · · · · · · · · · · ·	•	P.B.T.D.		-1	
Levations (DF, RKB, RT, GR, etc.)	10/20/90 Name of Producing Formation				Top Oil/Gas	Pay		3460			
	Yates				2982			Tubing Depth 2980			
cuorations					*		-	Depth Casing			
2982, 87, 93, 3109, 1											
					CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	See Original Compl				0.5-1.00						
	See Original Comp.				ecton						
											
. TEST DATA AND REQUES	T FOR A	LLOW	ABLE		L			<u> </u>			
IL WELL (Test must be after re			ofload o						full 24 hours	r.)	
ate First New Oil Run To Tank	Date of Test P				Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL									-		
ctual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
139	24 hours				0						
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shul-in)			Choke Size			
Back Pressure						··					
I. OPERATOR CERTIFICATION I hereby certify that the rules and regular Division have been complied with and the letture and complete to the best of my kn	tions of the (Oil Conser mation give	polisy	CE				TION DI	VISIOI ୀବନ୍	N	
Jay Cheroki					Date Approved						
Signature () U					By Paul Kanaz						
Jay Cherski Printed Name		Engin	eer Tiils			!	eciz.				
11/27/90	9.1	15-687		1	Title_						
Date			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.