

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL ☐
	GAS ☐
OPERATOR	
PRODUCTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 05-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Hal J. Rasmussen

Address 306 W. Wall, Suite 600, Midland, Texas 79701

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	☐ Dry Gas
☒ Change in Ownership	☐ Casinghead Gas	☐ Condensate

Effective Dec. 1, 1988

If change of ownership give name and address of previous owner Sun Exploration & Production Company P.O. Box 1861, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE Tad

Lease Name <u>State A A/C 1</u>	Well No. <u>95</u>	Pool Name, including Formation <u>Langlie Mattix Seven</u>	Kind of Lease <u>State</u>	Lease <u>State</u>
Location <u>Rivers Queen GB</u>				
Unit Letter <u>X</u>	Feet From The <u>South</u>	Line and <u>660</u>	Feet From The <u>West</u>	
Line of Section <u>11</u>	Township <u>23S</u>	Range <u>36E</u>	, NMPM, Lea	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline Co.</u>	<u>Box 42130, Houston, Tx 77242</u>
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas Co. Phillips 66 Natl Gas</u>	<u>Box 1492, El Paso, Tx 79978</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Rwp. Rge. Gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Wm Scott Ramsey
(Signature)
Wm. Scott Ramsey General Manager
(Title)
12-6-88
(Date)

OIL CONSERVATION DIVISION
DEC 29 1988
APPROVED _____
BY _____
TITLE _____
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Resrv.	Drill Re
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

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MOBILE OFFICE