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

## OIL CONSERVATION DIVISION P.O. Box 2088

| P.O. Drawer DD, Artena, NM 18210  |                    | Saı           | nta Fe      |                 | exico 8750                                       | 04-2088                            |                                       |                            |                |            |  |
|---|--------------------|---------------|-------------|-----------------|--|------------------------------------|---------------------------------------|----------------------------|----------------|------------|--|
| DISTRICT III<br>1000 Rio Brizos Rd., Aziec, NM 87410  | DEOU               |               |             | •               |  |                                    | 7471011                               |                            |                |            |  |
| Ī.  |                    |               |             |                 |  | AUTHORI<br>TURAL G                 | -                                     |                            |                |            |  |
| Operator  | <del></del>        |               |             | <u> </u>        | 271110 1171                                      | 1011/12 4/                         |                                       | PI No.                     |                |            |  |
| Hal J. Rasmussen Operating, Inc.  |                    |               |             |                 |  |                                    | 30                                    | -625 - 69341               |                |            |  |
| Address Six Docta Drive Su  | 1+0 505            | O M44         | 11 0 = 4    | Тот-            | - 70705  |                                    |                                       |                            |                |            |  |
| Six Desta Drive, Su<br>Reason(s) for Filing (Check proper box)  | TLE 303            | U, MIO        | Tano        | , lexa          |  | er (Please expl                    | ain)                                  |                            |                |            |  |
| New Well  |                    | Change in     |             |                 |  |                                    |                                       |                            |                |            |  |
| Recompletion  | Oil<br>Control     |               | Dry G       |                 |  |                                    |                                       |                            |                | I          |  |
| If change of operator give name   | Casinghese         | Car           | Coooe       | <u> </u>        |  |                                    |                                       |                            |                |            |  |
| and address of previous operator  |                    |               |             | <del> · ·</del> |  |                                    |                                       |                            |                |            |  |
| II. DESCRIPTION OF WELL   | AND LEA            |               | ·           |                 | <del></del>                                      |                                    |                                       |                            |                |            |  |
| Leue Name State A A/ C 1  |                    | Well No.      |             |                 |  | Pro Gas<br>Seven R                 |                                       | of Lease<br>Federal or Fee | Le             | zase No.   |  |
| Location  | L                  |               | 0 4 1       |                 |  |                                    |                                       |                            | <u> </u>       |            |  |
| Unit LetterC  | . : <u></u>        | 660           | Feet F      | rom The         | North Lin  | e and1                             | .980 Fe                               | et From The                | West           | Line       |  |
| Carles 10 Fr 11   | 0.1                |               | _           |                 | 26 5 5   |                                    | Lea                                   | _                          |                |            |  |
| Section 13 Township   | 2 3                | 3 S           | Range       |                 | 36 E,N   | мрм,                               | LEa                                   |                            |                | County     |  |
| III. DESIGNATION OF TRAN  | SPORTE             |               |             | D NATU          | RAL GAS  |                                    |                                       |                            |                |            |  |
| Name of Authorized Transporter of Oil   |                    | or Coadea     | sale        |                 | Address (Gir                                     | ve address to w                    | hich approved                         | copy of this for           | m is to be se  | nd)        |  |
| Name of Authorized Transporter of Casing  | head Gas           |               | or Dry      | Gas XX          | Address (Gir                                     | ne address to w                    | hick approved                         | copy of this for           | m is to be see | at)        |  |
| XCel Gas Co.  |                    | <u> </u>      |             |                 |  | ta Drive                           | Suite                                 | 5800, Mid                  | iland, I       | x 79705    |  |
| If well produces oil or liquids, give location of tanks.  | Unit               | Soc.          | Twp         | Rge             | ls gas actual                                    | •                                  | When                                  |                            |                |            |  |
| If this production is commingled with that f  | rom any oth        | er lesse or i | nool ei     | ve commine      | ling order num                                   |                                    | !                                     | 12/11                      | <u>89</u>      |            |  |
| IV. COMPLETION DATA   |                    |               | ,, <u>,</u> |                 | mag orota burn                                   |                                    |                                       | <del></del>                |                |            |  |
| Designate Type of Completion  | · (2)              | Oil Well      |             | Gas Well        | New Well   | Workover                           | Deepea                                | Plug Back                  | Same Res'v     | Dist Res'v |  |
| Date Spirided   | Date Comp          | l. Ready to   | Prod.       |                 | Total Depth                                      | <u></u>                            | <u> </u>                              | P.B.T.D.                   |                | 1          |  |
|   |                    |               |             |                 |  |                                    |                                       | F.B. 1.D.                  |                |            |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation  |                    |               |             |                 | Top Oil/Gas                                      | Pay                                |                                       | Tubing Depth               |                |            |  |
| Perforations  |                    |               |             |                 |  | <del></del>                        |                                       | Depth Casing Shoe          |                |            |  |
|   |                    |               |             |                 |  |                                    |                                       |                            |                |            |  |
|   | TUBING, CASING AND |               |             |                 |  |                                    |                                       |                            |                |            |  |
| HOLE SIZE   | CAS                | SING & TU     | JBING       | SIZE            | <del>                                     </del> | DEPTH SET                          | ·                                     | SACKS CEMENT               |                |            |  |
|   |                    |               |             |                 |  |                                    |                                       | <del> </del>               | <del></del>    |            |  |
|   |                    |               |             |                 |  |                                    |                                       |                            |                |            |  |
| V. TEST DATA AND REQUES   | TEODA              | TIOWA         | 1010        |                 | <u> </u>   |                                    | · · · · · · · · · · · · · · · · · · · |                            | <del></del>    |            |  |
| OIL WELL (Test must be after re   |                    |               |             |                 | t be equal to or                                 | exceed top all                     | owable for thi                        | depth or be fo             | r full 24 hour | <b>3.)</b> |  |
| Date First New Oil Run To Tank  | Date of Tes        |               | <del></del> |                 |  | ethod (Flow, pi                    |                                       |                            | ·              |            |  |
| ength of Test Tubing Pressure   |                    |               |             | Casing Press    | 177  |                                    | Choke Size                            |                            |                |            |  |
|   | Tubing Pressure    |               |             |                 | <b>5,0</b>                                       |                                    |                                       |                            |                |            |  |
| Actual Prod. During Test  | Oil - Bbls.        |               |             |                 | Water - Bbis                                     | •                                  |                                       | Gas- MCF                   |                |            |  |
|   | <u> </u>           |               |             |                 | <u> </u>   | <del></del>                        |                                       | <u></u>                    |                |            |  |
| GAS WELL Actual Prod. Test - MCF/D  | 11                 | <del></del>   |             | ·               | TRUE A. T.                                       | 00/0E                              |                                       | 10 1 20                    |                |            |  |
| Actual Flor feet-MCP/D  | Length of Test     |               |             | Bbls. Coader    | IEIEMMCI.  |                                    | Cravity of Co                         | Gravity of Condensate      |                |            |  |
| Testing Method (pital, back pr.)  | Tubing Pre         | terre (Sprit  | -in)        | <del></del>     | Casing Press                                     | ure (Shut-in)                      |                                       | Choke Size                 |                |            |  |
|   | <u> </u>           |               |             |                 | <u> </u>   |                                    |                                       | ]                          |                |            |  |
| VL OPERATOR CERTIFIC.   |                    |               |             | NCE             |  |                                    | JSERV                                 | ATION F                    | טועופוט        | ıN1        |  |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above |                    |               |             |                 | 1  |                                    | *OLN V/                               | ATION DIVISION             |                |            |  |
| is true and complete to the best of my k  |                    |               |             | -               | Date   | Approve                            | ıd .                                  | UEC                        | 1 8 19         | 82         |  |
|   | $\mathcal{O}$      |               |             |                 |  | pp. 0 + 0                          | <del>-</del> ——                       |                            | ·              |            |  |
| Signature   |                    |               |             |                 | By_  | By ORIGINAL SIGNED BY JEPSY SEXTON |                                       |                            |                |            |  |
| Jay Cherski Agent   |                    |               |             |                 |  | DISTRICT I SUPERVISOR              |                                       |                            |                |            |  |
| Printed Name  | 9                  | 15-687        |             |                 | Title  | -                                  |                                       |                            |                |            |  |
| Date  |                    | Tele          | phone i     | io.             | H  |                                    |                                       |                            |                |            |  |

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.

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I.  | TO                             | TRANS  | SPORT                   | OIL AND                                | ) NATU  | RAL GA        |               |                            |                   |            |  |
|---|--------------------------------|--|-------------------------|--|---|---------------|---------------|----------------------------|-------------------|------------|--|
| Operator<br>Hal J. Rasmussen Oper   | ating, In                      | с.   |                         |  |   |               | Well A        | .PI No.                    |                   |            |  |
| Address<br>Six Desta Drive, Suit  | e 5850, M                      | idlan  | d, Texa                 | s 7970                                 | 5   |               |               |                            |                   |            |  |
| Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator   | Char<br>Oil<br>Caringhead Gar  | Dr Dr  | insporter of: y Gas     |  | ·   | Please expla  | ·             |                            |                   |            |  |
| Malana af an antanaima nama   | J. Rasmu                       |  |                         | -<br>Wal <u>l</u> ,                    | Suite   | 600,          | Midland       | Texas                      | 79701             |            |  |
| II. DESCRIPTION OF WELL   |                                |  |                         |  |   | Pro Ga        |               |                            |                   |            |  |
| Lease Name<br>State A A/C 1   |                                |  | ol Name, Inc<br>almat T | luding For<br>ansi II                  | Tration Se  | ven Rv        | Kind o        | of Lease<br>Federal or Fee |                   | 22 SE No.  |  |
| Location Unit LetterC   | :660                           | Fe   | et From The             | North                                  | Line an   | d19           | 80Fe          | et From The _              | West              | Line       |  |
| Section 13 Township 23 S Range 36 E , NMPM, Lea County  |                                |  |                         |  |   |               |               |                            |                   |            |  |
| 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)  |                                |  |                         |  |   |               |               |                            |                   |            |  |
| Name of Authorized Transporter of Casing  | _ 1                            | Address (Give address to which approved copy of this form is to be sent)  Box 1492, El Paso, Texas 79978 |                         |  |   |               |               |                            |                   |            |  |
| F1 Paso Natural Gas ( If well produces oil or liquids, give location of tanks.  | Unit Sec.                      | ĮΤν  | vp.   R                 | Rge. Is gas actually connected? When ! |   |               |               |                            |                   |            |  |
| If this production is commingled with that f IV. COMPLETION DATA  | rom any other lea              | ise or poo   | l, give comm            | ingling ord                            | er number:  |               |               | ··-                        |                   |            |  |
| Designate Type of Completion  |                                | l Well   | Gas Well                | l Nev                                  | v We!!   W  | /orkover      | Deepen        | Plug Back                  | Same Res'v        | Diff Res'v |  |
| Date Spudded  | Date Compl. Ready to Prod.     |  |                         | Total                                  | Depth   |               | •             | P.B.T.D.                   |                   |            |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation  |                                |  |                         |  | Top Oil/Gas Pay                                       |               |               |                            | Tubing Depth      |            |  |
| Perforations  |                                |  |                         |  | <u> </u>  |               |               |                            | Depth Casing Shoe |            |  |
| TUBING, CASING AND  |                                |  |                         |  | ENTING  | RECOR         | D             |                            |                   |            |  |
| HOLE SIZE   | HOLE SIZE CASING & TUBING SIZE |  |                         |  | DE  | PTH SET       |               | SACKS CEMENT               |                   |            |  |
|   |                                |  |                         |  |   |               |               |                            |                   |            |  |
|   |                                |  |                         |  |   | <del></del>   |               |                            |                   |            |  |
| V. TEST DATA AND REQUES OIL WELL (Test must be after re   |                                |  |                         | nust be equ                            | al to or ex   | seed top allo | wable for thi | depth or be fo             | or full 24 hou    | rs.)       |  |
| Date First New Oil Run To Tank  |                                | Producing Method (Flow, pump, gas lift, etc.)  |                         |  |   |               |               |                            |                   |            |  |
| Length of Test  | Tubing Pressure                |  |                         |  | Casing Pressure                                       |               |               |                            | Choke Size        |            |  |
| Actual Prod. During Test  | Oil - Bbls.                    |  |                         |  | r - Bbls.   |               |               | Gas- MCF                   |                   |            |  |
| GAS WELL  | .1                             |  |                         |  |   |               |               |                            |                   |            |  |
| Actual Prod. Test - MCF/D   | Length of Test                 |  |                         |  | Condensate  | MMCF          |               | Gravity of Condensate      |                   |            |  |
| Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)      |  |                         | Casin                                  | Casing Pressure (Shut-in)                             |               |               | Choke Size                 |                   |            |  |
| VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief. |                                |  |                         |  | OIL CONSERVATION DIVISION AUG 1 8 1989  Date Approved |               |               |                            |                   |            |  |
| UM Scott Ramon  |                                |  |                         | -                                      | ORIGINAL SIGNED BY JERRY SEXTON  By                   |               |               |                            |                   |            |  |
| Signature Wm. Scott Ramsey  General Manager  Title  July 13, 1989  915-687-1664   |                                |  |                         |  | Title_  | Angul d       | אזכוע         | CI I SUPER                 | . 4130K           | August .   |  |
| July 13, 1989   | 915-                           | Telepho  |                         | -                                      |   |               |               |                            |                   |            |  |

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.