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, Antesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS														
Operator									Well API No.					
Hal J. Rasmussen Operating, Inc.								l	···					
Six Desta Drive, Suit	te 5850	, Midl	and,	, Te	xas	79705								
Reason(s) for Filing (Check proper box)			,				er (Please expl	lain)						
New Well Recompletion	Oil	Change in	Transp Dry C	•	oľ:	Ch	ange in	n ame	,					
Change in Operator	Casinghead	d Gas 🔲	. •	ensale		Cn	ange in	name	=					
If change of operator give name and address of previous operator Hal	J. Ras	mussen	, 30)6 W	l. Wa	11, Suit	e 600, N	4idla	and,	Texas 7	79701			
II. DESCRIPTION OF WELL	AND LEA	SE	TA				(D 0	,						
Lease Name State A A/C 1					Includ Tar					Lease Lease No.).	
Location H	19	80	<u> </u>			North		660			East			
Unit Letter	- :		_ Feet I	From 7	The	Line	and		Fe	et From The			_Line	
Section 13 Township	, NMPM, Lea						Cou	inty						
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AI	ND N	IATU									
Name of Authorized Transporter of Oil		or Conden	sate]	Address (Give	e address to w	hich ap	proved	copy of this f	orm is so be se	ns)		
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)													
El Paso Natural Gas Company						Box 1492, El Paso,				Texas 79978				
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec. Twp			Rge.	Is gas actually connected?			When?					
If this production is commingled with that i	from any other	er lease or	pool, g	ive co	mmingl	ing order numb	жг			···				
IV. COMPLETION DATA		lou wan		C-+1	17-11						la s			
Designate Type of Completion	- (X)	Oil Well	· !	Gas \	Well	New Well	Workover	De	ереп	Plug Back	Same Res'v 	Ding R	les'v	
Date Spudded	Date Comp	l. Ready to	Prod.	· · ·		Total Depth	<u> </u>	_ 		P.B.T.D.	L			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay Tubing Depth								
Perforations									Depth Casing Shoe					
											g olloc			
TUBING, CASING AND														
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT				
														
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE	<u> </u>						1				
OIL WELL (Test must be after re	be equal to or exceed top allowable for this depth or be for full 24 hours.)													
Date First New Oil Run To Tank	Date of Tes	t				Producing Me	thod (Flow, p.	mp, go	s lýt, e	ic)				
Length of Test	Tubing Pressure					Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF				
GAS WELL	L					<u> </u>				<u> </u>	·			
Actual Prod. Test - MCF/D	Length of T	est	·			Bbls. Condens	ate/MMCF			Gravity of C	ondensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size				
esting Medica (phat, back pr.)	realise (pass, sack pr.)					Caring 1 icess	ic (3/100-111)			dioke size				
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIA	NCE	3		VII. 001	IOE		TION	211/1010			
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 DIVISION AUG 1 8 1989								
is true and complete to the best of my k	nowledge an	d belief.	EII #00 V	76		Date	Approvo	А		AU	וסיט	989		
1/2 6 4 D						Date Approved								
Signature Signature						By DISTRICT I SUPERVISOR								
Signature Wm. Scott Ramsey General Manager								•	-13 (K)	CI SUPE	RVISOR			
Printed NameJuly_13, 1989	9	L5-687	Title -166	54		Title_				··	-			
Date		Tele	phone l	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.