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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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST	FOR A	ALL OV	VAP	I F AND	AUTHORI	ZATION				
I.						TURAL GA					
Operator								Well API No.			
Hal J. Rasmussen Opera	ting. Inc.	·						· · · · · · · · · · · · · · · · · · ·			
Six Desta Drive, Suite	5850 – M:	idland	, Tex	as	79705						
Reason(s) for Filing (Check proper bax)					X Oth	es (Please expla	in)	- · · · · · · · · · · · · · · · · · · ·			
New Well		ge in Trans	-		O1	.					
Recompletion	Oil Casinghead Gas	☐ Dry	Gas densate		Cha	inge in n	ame				
If change of operator give name Hall	J. Rasmusse			<u>∪</u> Wal	1. Suite	600 - M	idland.	Texas 7	79701		
and address of previous operator										,	
II. DESCRIPTION OF WELL A							· · · · · · · · · · · · · · · · · · ·				
Lease Name State A A/C 1	Well No. Pool Name, Including 57 Langlie Mat						of Lease Pexons on Wa		ease No.		
Location		Lai	IGIIC	1101	CIA DR	Qu GD	, J				
Unit Letter B	. 660	Eest	Emm Th	. ì	North Lin	e and 198	3 0 v .	at Emm The	East	V:	
Om: 2001	North Line and 1980 Feel From The East Line										
Section 13 Township	23 S	Rang	ge 3	36 I	E , N	мрм,	L€	ea		County	
III. DESIGNATION OF TRAN	ያያብ ያ ቸው በ'	F OIL A	ND NA	יו וריד י.	DAT CAS						
Name of Authorized Transporter of Oil		ondensate		110.		e address to wi	ich approved	copy of this f	orm is to be se	ini)	
Texas New Mexico Pipeline Co.					Box 42130, Houston, Texas 77242						
Name of Authorized Transporter of Casing		<u> </u>				e address to wi	ich approved	copy of this f		ਅ)	
Phillips 66 Natural Gas Co. Well produces oil or liquids, Unit Sec. Tw				Rge. Is gas actually connected?				noma When ?			
give location of tanks.	1 1	Twp	` ! 	våe.	18 g28 actual	y connected?	l when	. 7			
If this production is commingled with that it IV. COMPLETION DATA	from any other leas	se or pool,	give com	mingl	ing order num	ber:					
Designate Time of Completion	Oil	Well	Gas We	:li	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded		4	 		Total Depth	1	<u> </u>	<u> </u>	1		
Date Sponder	Date Compl. Rea	шу ю 170а	-		rocal Depui			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					1			Depth Casing Shoe			
	TIRI	NG CAS	SING A	ND	CEMENTI	NG RECOR	D				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						DEPTH SET		SACKS CEMENT			
	ļ							!			
	-										
V. TEST DATA AND REQUES	T FOR ALLO	OWABL	E		<u> </u>						
OIL WELL (Test must be after re	ecovery of total vo	lwne of loa	d oil and	must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, pu	mp, gas lift, e	etc.)			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Add Dad D. C. T.				Water Pil	War bu			Cos MCE			
Actual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF			
GAS WELL					L			.1			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conder	sale/MMCF		Gravity of C	Condensate		
					_						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF CO	MPLIA	NCE								
I hereby certify that the rules and regula	ations of the Oil C	onservation	3			DIL CON	ISERV.	ATION	DIVISIO	ΣŊ	
Division have been complied with and the is true and complete to the best of my keep to the			ove					Alig	3019	なら	
/ / / / / /)				Date	Approve	d				
Was Scott Ka	mary						ORIGINA	2 10:			
Signature		1 34		_	By_		DIE	SIGNED B	Y JERRY SE	XTON	
Wm. Scott Ramsey Printed Name	Gene	ral Ma Tide		<u>-</u>	T:41-		P13	TRICT I SU	PERVISOR		
July 13, 1989	915-	-687 - 16	664	_	Title	• • •			···· ·	••	
Date		Telephone	s No.		11						

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.

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