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

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brizos Rd., Ariec, NM 87410) DECHECT			DI PAND ANDRES						
I.	TO TE	POH A		BLE AND AUTHOR IL AND NATURAL (RIZATIO	N				
Operator			ONIO	IL AND NATURAL (Well API No.					
Hal J. Rasmussen Ope			-025-09346							
Address Six Desta Drive, Sur	ite 2700. Mid	land	Т× 79	705						
Reason(s) for Filing (Check proper box)				Other (Please ex	rolain)					
New Well	Change	in Transp	orter of:		paul					
Recompletion X	Oil [DryG	as 🖳							
Change in Operator Life change of operator give name	Casinghead Gas	Coode	neste 🗌							
and address of previous operator										
II. DESCRIPTION OF WELL	ANDIFASE									
Lesse Name	Well No	Pool N	lame, Includ	ing Formation	Y i	id of Lease	Τ			
State A A/C 1	66	Jal	mat Tn	s 1- Yts-7R		Federal or Fee		Lesse Na		
Location	660						<u> </u>			
Unit LetterD	- : 660	_ Feet Fi	rom The	North Line and 660)	Feet From The	est	Li:	ne	
Section 13 Townsh	nip 23 S	D	36 1	F	_					
104431	<u>p</u> 23 5	Range	50 1	, NMPM,	Lea			County		
III. DESIGNATION OF TRAN	NSPORTER OF C	DIL AN	D NATU	IRAL GAS						
realize of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)						
lexas New Mexico Pipeline				Box 42130, Houston, Tx 77242						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X XCEL Gas Co.				Address (Give address to which approved copy of this form is to be sent) 6 Desta Dr., Suite 5800, Midland, Tx 79705						
If well produces oil or liquids,	Unit Sec.	Twp	Rge	Is gas actually connected?	ulte 38		, Tx	79705		
rive location of tanks.	_ii	į i	1	Yes	1	6/15/90				
f this production is commingled with that V. COMPLETION DATA	from any other lease or	r pool, giv	e comming	ling order number:	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	—	
TO COMMISSION DATA	Oil Wel	1 6	31/-11	[v						
Designate Type of Completion	- (X)	1	Jas Well X	New Well Workover X	Deepen	Plug Back Sam	ie Res'v	Din Res'v		
Date Spudded	Date Compl. Ready to	o Prod.		Total Depth	ــــــــــــــــــــــــــــــــــــــ	P.B.T.D.		X		
1 (07)	6/17/90						400			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay		Tubing Depth				
Perforations Yates				2964/Yates	3300					
2964, 3000, 18, 29,	49, 52, 53,	74. 31	06. 7.	8. 41 OKK	U	Depth Casing Sho	oc			
	TUBING,	CASIN	IG AND	CEMENTING RECOR	RD.	1				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET	SACKS CEMENT					
					· · · · · · · · · · · · · · · · · · ·					
	 								_	
. TEST DATA AND REQUES	T FOR ALLOWA	ABLE			·	<u> </u>				
IL WELL (Test must be after re	ecovery of total volume		l and must i	be equal to or exceed top allo	owable for th	is depth or be for ful	l 24 hour	5.)		
tate First New Oil Run To Tank	Date of Test			Producing Method (Flow, pu	mp, gas lýt,	eic.)			\neg	
ength of Test	Tubing Pressure			Casing Pressure		Choke Size			_	
	Tuoing Flexuis			Canal Freezenc	Choke Size					
ctual Prod. During Test	Oil - Bbis.			Water - Bbis.		Gas- MCF				
	<u> </u>	 								
GAS WELL ctual Prod. Test - MCF/D									_	
880	Length of Test			Bbls. Condensate/MMCF	Gravity of Condensate					
sting Method (pitot, back pr.)	24 hours Tubing Pressure (Shut-in)			O Casing Pressure (Shut-in)		Choke Size				
•		•		(4.14.15)		Chock Size			ļ	
L OPERATOR CERTIFICA	ATE OF COMPI	LIANO	TE.			<u> </u>	····			
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved AUG 1 4 1930						
100 and the substitution of the substitution o				Date Approved						
Mona Hoskin	ب									
Signature				Ву						
Nona Hopkins Eng. Secretary Printed Name Title				tues.						
7/30/90	915-687			Title						
Date	Telepi	hone 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.