| Submit 5 Copies<br>Appropriate District Office<br>DISTRICT I<br>P.O. Box 1980, Hobbs, NM 88240<br>DISTRICT II<br>P.O. Drawer DD, Artesia, NM 88210<br>DISTRICT III<br>1000 Rio Brazos Rd., Artec, NM 87410<br>I.<br>Operator<br>Hal J. Rasmussen Opera<br>Address<br>Six Desta Drive, Suite<br>Reason(s) for Filing (Check proper bes)<br>New Well<br>Recompletion<br>Change in Operator<br>If change of operator give name<br>and address of previous operator | OIL CC<br>Sant<br>REQUEST FOR<br>TO TRAN<br>ating, Inc.<br>ating, Inc.<br>ating, Inc.<br>change in Tr<br>Oil D<br>Casinghead Gas C | NSERVA<br>P.O. B<br>a Fe, New M<br>R ALLOWAE<br>SPORT OIL | ATION I<br>ox 2088<br>exico 8750<br>BLE AND<br>AND NA | DIVISIO<br>04-2088<br>AUTHORII          | N<br>ZATION<br>AS<br>Well<br>30 | APIN₀<br>)−025−093           |                          | 1-1-89         |  |
|---|--|---|---|---|---------------------------------|------------------------------|--------------------------|----------------|--|
| II. DESCRIPTION OF WELL AND LEASE           Lease Name         Well No.         Pool Name, Including Formation         Kind of Lease  |  |   |   |   |                                 |                              | Le                       | 150 No.        |  |
| State A A/C 1<br>Location   | 71   | Jalmat Tn   | sl-Yts 7  | R                                       | State                           | Federal or Fee               |                          |                |  |
| Unit Letter <u>M</u> <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>Line</u>  |  |   |   |   |                                 |                              |                          |                |  |
| Section 13 Townshi  | p 23 S R   | ange 36 E   | , NI  | мрм,                                    | 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)<br>Texas New Mexico Pipeline Box 42130, Houston, Tx 77242  |  |   |   |   |                                 |                              | ư)                       |                |  |
| Name of Authonized Transporter of Casin,<br>XCEL Gas Co.  | porter of Casinghead Gas or Dry Gas Address (Give addre<br>6 Desta Dri   |   |   |   | ich approved<br>Suite 58        | copy of this for<br>BOO, Mid | mis to be ser<br>and, Tx | <b>"</b> 79705 |  |
| If well produces oil or liquids,<br>give location of tanks.   | Unit Sec. T  | vp. Rge.  | ge. Is gas actually connected? When ?<br>Yes          |   |                                 |                              | 7                        |                |  |
| If this production is commingled with that from any other lease or pool, give commingling order number:<br>IV. COMPLETION DATA  |  |   |   |   |                                 |                              |                          |                |  |
| Designate Type of Completion  | - (X) Oil Well   | Gas Well  | New Well  | Workover<br>X                           | Deepen                          | Plug Back                    | Same Res'v               | Diff Res'v     |  |
| Date Spudded  | Date Compl. Ready to Pr  | <br>مر  | Total Depth   |   |                                 | P.B.T.D.                     | ·····                    | <u>I</u>       |  |
| Elevations (DF, RKB, RT, GR, etc.)  | 1/4/90<br>.) Name of Producing Formation   |   |   | Top Oil/Gas Pay                         |                                 |                              | 3406<br>Tubing Depth     |                |  |
| 3371 GL Yates   |  |   | 2917  |   |                                 | Depth Casing Shoe            |                          |                |  |
| 2917, 31, 40, 50, 94, 3010, 24, 38, 58, 66, 91, 3113  |  |   |   |   |                                 |                              |                          |                |  |
| HOLE SIZE   | TUBING, C  | CEMENTING RECORD<br>DEPTH SET                             |   |   | SACKS CEMENT                    |                              |                          |                |  |
| 13 1/4  | 9 5/8  | 328   |   |   | 300                             |                              |                          |                |  |
| 8 3/4   | 7  |   | 3574  |   |                                 | 250                          |                          |                |  |
|   |  |   |   |   |                                 |                              |                          |                |  |
| V. TEST DATA AND REQUES   |  |   | L   |   |                                 | J                            |                          | J              |  |
| OIL WELL (Test must be after re<br>Date First New Oil Run To Tank   | ecovery of total volume of l<br>Date of Test   | oad oil and must  |   | exceed top allow<br>thod (Flow, pur     |                                 |                              | full 24 hours            | .)             |  |
| Length of Test  | Tubing Description   |   | Casing Pressure                                       |   |                                 | Choke Size                   |                          |                |  |
|   | Tubing Pressure  |   | -   |   |                                 |                              |                          |                |  |
| Actual Prod. During Test  | Oil - Bbls.  |   | Water - Bbls.   |   |                                 | G25- MCF                     |                          |                |  |
| GAS WELL  | ·····  |   | L <u></u>   |   |                                 | /                            |                          |                |  |
| Actual Prod. Test - MCF/D   | Length of Test   | Bbls. Condensate/MMCF                                     |   |   | Gravity of Condensate           |                              |                          |                |  |
| 261<br>Testing Method (pilor, back pr.)   | 24 hours<br>Tubing Pressure (Shut-in)  | O<br>Casing Pressure (Shut-in)                            |   |   | Choke Size                      |                              |                          |                |  |
|   | <u> </u>   |   |   | · - · · · · · · · · · · · · · · · · · · |                                 |                              |                          |                |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE<br>I hereby certify that the rules and regulations of the Oil Conservation<br>Division have been complied with and that the information given above<br>is true and complete to the best of my knowledge and belief.  |  |   | OIL CONSERVATION DIVISION Date Approved               |   |                                 |                              |                          |                |  |
| s. ch. l  |  |   |   |   |                                 |                              |                          |                |  |
| Signature<br>Jay Cherski Engineer   |  |   | By Orig. Signed by Paul Kautz                         |   |                                 |                              |                          |                |  |
| Printed Name Title  |  |   | Title   |   | <u>C</u>                        | eologist                     |                          |                |  |
| <u>3/05/90</u>  | Title_   | <b></b>   |   |   |                                 |                              |                          |                |  |
|   | Telepho  |   |   |   |                                 |                              | بقارفي بيو               | أفاعتمنا فبري  |  |

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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.
ZA Lanslie Mattie E

