

State of New Mexico
Energy, Minerals &
Natural & Resources Dept.

Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87501

Gas
Supplement
No.: SE 6264
Date: 10/24/90

NOTICE OF ASSIGNMENT OF ALLOWABLE TO A GAS WELL

The operator of the following well has complied with all the requirements of the Oil Conservation Division and the well is hereby assigned an allowable as shown below.

Date of Connection 9/22/90 Date of First Allowable or Allowable Change 10/17/90
Purchaser X-Cel Gas Co. Pool Jalmat
Operator Hal J. Rasmussen Operating Inc Lease State A A/c-1
Well No. * #75 Unit Letter F Sec. 13 Twn. 23 Rge. 36
Dedicated Acreage *640 Revised Acreage _____ Difference _____
Acreage Factor *4.00 Revised Acreage Factor _____ Difference _____
Deliverability _____ Revised Deliverability _____ Difference _____
A x D Factor _____ Revised A x D Factor _____ Difference _____

*#75 is new well -- shares established
640-ac PU with #20-C,21-H, 22-N,71-M,66-D
in 13-23-36 & #13-H & 77-B 14-23-36

OCD District No. 11

CALCULATION OF SUPPLEMENTAL ALLOWABLE

Previous Status Adjustments.....

MO.	PREV. ALLOW.	REV. ALLOW.	PREV. PROD.	REV. PROD.	REMARKS
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					
Jan					
Feb					
Mar					

TOTALS

Allowable Production Difference.....

Schedule O/U Status.....

Revised _____ O/U Status.....

Effective In _____ Schedule
Current Classification _____ To _____

Note: All gas volumes are in MCF@15.025 psia.

William J. LeMay, Division Director

By _____

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 Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Hal J. Rasmussen Operating, Inc.		Well API No. 30 025 09349
Address Six Desta Drive, Suite 2700, Midland, Texas 79705		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name State A A/C 1	Well No. 75	Pool Name, Including Formation Jalmat Tns1-Yts-7R	Kind of Lease <u>State</u> , Federal or Fee	Lease No.
Location Unit Letter <u>F</u> : 1980 Feet From The <u>North</u> Line and 1980 Feet From The <u>West</u> Line Section <u>13</u> Township <u>23 S</u> Range <u>36 E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Texas New Mexico Pipeline	Address (Give address to which approved copy of this form is to be sent) P.O. Box 42130, Houston, Tx 77242					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> XCEL Gas Co.	Address (Give address to which approved copy of this form is to be sent) 6 Desta Drive, Suite 5800, Midland, Tx 79705					
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Rge.	Is gas actually connected? Yes	When? 9-22-90

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X		X		X		X
Date Spudded 11-25-59	Date Compl. Ready to Prod. 9/23/90		Total Depth 3621		P.B.T.D. 3420			
Elevations (DF, RKB, RT, GR, etc.) 3393	Name of Producing Formation Yates		Top Oil/Gas Pay 2910		Tubing Depth 2900			
Perforations 2910, 30, 65, 74, 3013, 27, 39, 47, 65, 3109, 33, 55, 64, 3215					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
SEE ORIGINAL COMPLETION								

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must 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 Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 631	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in)	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.

Signature Jay Cherski
Jay Cherski Engineer
Printed Name
10/11/90 Date
915 687-1664 Telephone No.

OIL CONSERVATION DIVISION

Date Approved 10 24 1990

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title _____

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.