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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

.	TO	TRANS	PORT OIL	AND NA	TURAL GA					
Орепю Hal J. Rasmussen Oper		Well API No.								
Address Six Desta Drive, Suit	e 5850,	Midland	i, Texas	79705						
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	C Oil	hange in Tran Dry Gas Coo	asporter of:	A Oth	er (Please expla					
If change of operator give name and address of previous operator Hal	J. Rasm	ussen,	306 W. Wa	11, Sui	e 600, M	idland,	Texas 7	9701		
I. DESCRIPTION OF WELL AND LEASE Lease Name State A Ac 1 Well No. 75 Langlie Mattix 7 Rvrs Queen GB State, Fedoral or Eco. Location									ase No.	
Unit Letter F	1980	Fee	t From The	orth Lin	e and1	980 Fe	et From The	West	Line	
Section 13 Township	23 S	Ra	nge 36 E	, N	мрм,	Lea			County	
give location of tanks.					Address (Give address to which approved copy of this form is to be sent) Box 42130, Houston, Texas 77242 Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, Texas 79978 Is gas actually connected? When !					
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	r lease or pool	, give commingli	ing order num	ber:					
Designate Type of Completion	· (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Din Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Forma	ation	Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe					
	CEMENTING RECORD									
HOLE SIZE	HOLE SIZE CASING & TUBING S			DEPTH SET				SACKS CEMENT		
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR A	LLOWAB	LE oad oil and must	be equal to o	r exceed top all	owable for th	is depth or be	for full 24 hou	vs.)	
Date First New Oil Run To Tank Date of '1's.st					lethod (Flow, p	wrp, gas lýt,	elc)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL	1		•							
Actual Prod. Test - MCF/D	Length of T	cst		Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pre	sure (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.				OIL CONSERVATION DIVISION AUG 2 1 1989						
Signature Wm. Scott Ramsey General Manager Title				By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name July 13, 1989 Date	9	15-687-		Title	J					

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.