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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 \$8210

OIL CONSERVATION DIVISION

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

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

I.						AUTHORI TURAL GA						
Орегаю	Well API No.											
Hal J. Rasmussen Op Address	30-025-09383											
Six Desta Drive, Su Reason(s) for Filing (Check proper box)	ite 5850), Mid	land,	Texas		(D)	 		 .			
New Well		hange in	-			et (Please expl	1in)					
Recompletion Change in Operator	Oil Casinghead		Dry Gas Condens	_								
If change of operator give name and address of previous operator		<u> </u>			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·				
II. DESCRIPTION OF WELL	AND LEAS	SE										
Lesse Name State A A/C 1	V	Well No. 19 J				(Pro Ga t Seven		of Lease Federal or Fe	<u> </u>	esse Na		
Location	L	1650										
Omi Letter	23				E N			et From The	WEST	Line		
			Range		, IND	мрм,	Lea		· · · · · · · · · · · · · · · · · · ·	County		
III. DESIGNATION OF TRAN. Name of Authorized Transporter of Oil		OF OI		NATU		A addrson to sel	ilah anamani					
					Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casing XCel Gas Co.	head Gas		or Dry Gas X Address (Give address to which approved Six Desta Drive, Suite					copy of this form is to be sen) 5800, Midland, Tx 79705				
If well produces oil or liquids, give location of tanks.	Unit S	∫	Twp	Rge.	e. Is gas actually connected? When ?							
If this production is commingled with that f	rom any other	ese or p	ool, give	comming	ing order numb	er:		12 11				
IV. COMPLETION DATA	r	Oil Well		as Well	New Well	Workover		<u> </u>		Cias :		
Designate Type of Completion	Completion - (X)		25 H GU		workover	Deepen	Plug Back	Same Res'v	Dist Res'v			
Data Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas P	Pay		Tubing Depth				
Perforztions	L		-		<u> </u>	·		Depth Casing Shoe				
	TU	BING.	CASIN	G AND	CEMENTIN	NG RECOR	D.	<u> </u>				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT					
					, ,							
										•		
V TECT DATA AND DECLIES	W POD II	. 011/4	212						···········			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				l and must	be equal to or	exceed top allo	wable for this	depth or be t	or full 24 hou	rs.)		
Date First New Oil Run To Tank		t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	_ 		Gas- MCF				
GAS WELL			<u> </u>					<u></u>				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens	216/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	re (Shut-in)		Choke Size				
VI OPERATOR CERTIFICA	ATE OF C	~	YANT/	72						<u>.</u>		
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				OIL CONSERVATION DIVISION								
is true and complete to the best of my knowledge and belief.					Date Approved							
J-Club					Ву			-				
Signature Jay Cherski Agent					DISTRICT : SUPERVISOR							
Printed Name Title 915-687-1664					Title_							
Date		Telepi	hoos 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.







Job separation sheet

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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 Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	O TRAI	NSPORT OF	L AND NA	TURAL GA						
Operator Hal J. Rasmussen Operating, Inc.							Well API No.				
Address	·		1 m	70701							
Six Desta Drive, Sui Reason(s) for Filing (Check proper box)	te 5850,	, Midla	nd, Texas		ner (Please explo						
New Well		Change in I	ransporter of:		iei (Fiease expid	101)					
Recompletion Oil Dry Gas Change in name Change in Operator Casinghead Gas Condensate											
If change of operator give name and address of previous operator Hal	J. Rasm	nussen,	306 W. Wa	all, Sui	e 600, M	idland,	Texas	79701	· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WELL	AND LEA	SE '	TA								
Lease Name State A A/C 1	Well No. Pool Name, Including Formation (Pro Gas) 19								ease No.		
Unit Letter E : 1650 Feet From The North Line and Feet From The Line											
Section 22 Township 23 S Range 36 E , NMPM, 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)											
Name of Authorized Transporter of Casing									n)		
El Paso Natural Gas (U well produces oil or liquids,		S∞. 1	wp. Rge.	Box 1492, El Paso, Texas 79978 La la gas actually connected? When!							
give location of tanks.	<u>i </u>	نــــــــــــــــــــــــــــــــــــــ				i	·				
If this production is commingled with that f IV. COMPLETION DATA	from any other	r lease or po	ol, give comming	ling order num	ber:						
Designate Type of Completion -	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dist Res'v		
te Spudded Date Compl. Ready to Prod.			rod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Pav	· · · · · · · · · · · · · · · · · · ·	(T) 1: D	(m.t' - m. a			
Elevations (57, 100, 11, 50, 81c.)					,		Tubing Depth				
Perforations				Depth Casing Shoe							
TUBING, CASING AND)					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT				
						· ·					
V. TEST DATA AND REQUES				L			1				
OIL WELL (Test must be after re Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)										
Length of Test	Tubing Press	ure		Casing Pressu	re		Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
			 								
GAS WELL Actual Prod. Test - MCF/D	O Table Control		······································	Incl. Cardia			10		· · · · · · · · · · · · · · · · · · ·		
Actual Flod. Test - MICF/D	Length of Te	<u>r</u> t		Bbis. Conden	MEMNICE		Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Press	ure (Shut-in)	Casing Pressu	re (Shut-in)		Choke Size				
VI. OPERATOR CERTIFICA	ATE OF (COMPL	IANCE		NI CON	CEDV	TIONE				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.				Date ApprovedAUG 1 8 1989							
Ila Sant Range					By ORIGINAL SIGNED BY JERRY SEXTON						
Signature Common Manager					OR	IGINAL SI	GNED BY .	RVISOR			
Wm. Scott Ramsey General Manager Printed Name July 13, 1989 915-687-1664						אוכוע					
July 13, 1989	915			Title				•			
Dale		Telepho	AUG IVU,								

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- 2) All sections of this form must be tilled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, 2nd 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.