

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

|                        |                              |
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| LAND OFFICE            |                              |
| TRANSPORTER            | <input type="checkbox"/> OIL |
| OPERATOR               | <input type="checkbox"/> GAS |
| PROMOTION OFFICE       |                              |

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Hal J. Rasmussen  
Address  
306 W. Wall, Suite 600, Midland, Texas 79701  
Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Condensate  
☐ Dry Gas  
☐ Condensate  
Other (Please explain)  
Effective Dec. 1, 1988

If change of ownership give name and address of previous owner Sun Exploration & Production Company P.O. Box 1861, Midland, Texas 79701

II. DESCRIPTION OF WELL AND LEASE Tad  
Lease Name State A A/C 1 Well No. 97 Pool Name, including Formation Langlie Mattix Seven Kind of Lease State  
Location Rivers Queen GB State, Federal or Fee State Lease I  
Unit Letter F : 1980 Feet From The North Line and 1980 Feet From The West  
Line of Section 22 Township 23S Range 36E NMPM, Lea

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Texas New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent)  
Box 42130, Houston, Tx 77242  
Name of Authorized Transporter of Casinhead Gas ☒ or Dry Gas ☐  
El Paso Natural Gas Co. Phillips 66 Natl Gas Address (Give address to which approved copy of this form is to be sent)  
Box 1492, El Paso, Tx 79978  
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Range Is gas actually connected? when

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

Wm. Scott Ramsey  
(Signature)  
Wm. Scott Ramsey General Manager  
(Title)  
12-6-88  
(Date)

OIL CONSERVATION DIVISION  
APPROVED DEC 29 1988  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.

#### IV. COMPLETION DATA

|                                             |                             |          |                 |          |          |                   |           |             |          |
|---------------------------------------------|-----------------------------|----------|-----------------|----------|----------|-------------------|-----------|-------------|----------|
| Designate Type of Completion - (X)          |                             | Oil Well | Gas well        | New well | Workover | Deepen            | Plug Back | Same Resrv. | Drill Re |
| Date 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 Pay |          |          | Tubing Depth      |           |             |          |
| Perforations                                |                             |          |                 |          |          | Depth Casing Shoe |           |             |          |
| <b>TUBING, CASING, AND CEMENTING RECORD</b> |                             |          |                 |          |          |                   |           |             |          |
| HOLE SIZE                                   | CASING & TUBING SIZE        |          | DEPTH SET       |          |          | SACKS CEMENT      |           |             |          |
|                                             |                             |          |                 |          |          |                   |           |             |          |
|                                             |                             |          |                 |          |          |                   |           |             |          |
|                                             |                             |          |                 |          |          |                   |           |             |          |
|                                             |                             |          |                 |          |          |                   |           |             |          |

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost 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 Tanks | 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          | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size            |

DEC 23 1988

OCB  
HOBBS OFFICE