Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICT III

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

1000 Rio Brazo	× Rd., Aziec, NM 8	7410	
I.		REQU	JEST FOR ALLO TO TRANSPORT
Operator			10 11 11 11 10 1 11 1
ו מעו	Dagmuggan	Onomotina	T

I.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
Openior  Hal J. Rasmussen Operating, Inc.						Weil API No.				
Address Six Desta Drive, Sui	te 5850 Mid	land Toyaa	70705			<del></del>		<del></del>		
Reason(s) for Filing (Check proper box)	.te 3030, mid.	Tand, Texas		her (Please expl	ain)					
New Well	Change i Oil	Transporter of: Dry Gas		Change in	•					
Change in Operator	Casinghead Gas			mange In	паше					
If change of operator give name and address of previous operator Hal	J. Rasmusser	n, 306 W. W	all, Sui	te 600, N	idland,	Texas 7	9701	<del></del>		
II. DESCRIPTION OF WELL		TA						<del></del>		
State A Ac 1	Well Na. 84	ing Formation Kind			of Lease No.					
Location			·					· · · · · · · · · · · · · · · · · · ·		
Unit Letter <u>G</u>	_ :1980	Feel From The	North Li	ne and2310	F	et From The _	East	Line		
Section 23 Townshi	p_23_S	Range 36	E , N	ІМРМ,	Lea	_		County		
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	IRAL GAS							
. Land of Authorized Transporter of Oil	or Conder	neste	Address (Gi	ve address to wh	ich approved	copy of this for	rm is to be se	nl)		
Texas New Mexico Pi Name of Authorized Transporter of Casing El Paso Nat'l Gas C		or Dry Gas		130, Hous						
El Paso Nat'l Gas C  If well produces oil or liquids,	O & Phillips Unit   Sec.		<del></del>							
give location of tanks.	i i	i		ly connected?	When	?				
If this production is commingled with that to V. COMPLETION DATA	from my other lease or	pool, give comming	ling order num	ber:						
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	<u> </u>		P.B.T.D.		<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth				
Perforations		<del></del>	1		<del></del>	Depth Casing	Shoe			
	TUBING.	CASING AND	CEMENT	NG RECORT	<del></del>	[				
HOLE SIZE	CASING & TU	DEPTH SET			SACKS CEMENT					
. TEST DATA AND REQUES			<u> </u>		· · · · · · · · · · · · · · · · · · ·					
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of total volume of	of load oil and must	be equal to or	exceed top allow	vable for this	depth or be for	full 24 hours	:)		
			Producing Method (Flow, pump, gas lift, etc.)							
ength of Test	Tubing Pressure		Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.			Gas- MCF					
GAS WELL						<del></del>				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate					
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size					
L OPERATOR CERTIFICA	TE OF COMPI	LIANCE				<i>.</i>				
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 AUG 2 1 1989							
is true and complete to the best of my knowledge and belief.			Date Approved							
Word Scott Kamon			11							
Signature Wm. Scott Ramsey General Manager			By DISTRICT   SUPERVISOR							
Printed Name July 13, 1989	915-687-	Tide -1664	Title_				· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Date		xone No.				<del>-</del>				

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.