OIL CONSERVATION DIVISION

HOBBS P.O. Box 1980 Hobbs, NM 88240

NOTIC	E OF GAS W	VELL - CO	ONNECTION	/ RECONN	ECTION / DISCONNE	CTION
This is to	notify the	Oil Cons	servation	Div/sion	of the following	5
Connec	tion	<u>X</u>	First	Delivery	2/1/90	290 MCF/day
					Date	Initial Potential
Reconn	ection					
Discon	nection					
for delivery	of gas fro	om the			Rasmussen Operat Operator	ing, Inc.
					<u>Matkins WN</u> Lease	
60980 Meter Code	Site Co	ode		4 Well No.	K Unit Letter	$\frac{\cancel{-15}}{\text{S} - \text{T} - \text{R}}$
				Jalmat	<u>Tansill Yates Sev</u> Pool	en Rivers (Pro Gas)
was made on	date					
AOF						
				WODI	0	
Choke				XCEL	<u>Gas Company</u> Transporter	
					cott Ramsey, Agen	
OCD use			* *	ive	Won Scott Ka	2
Land Type	Put		* *	R	epresentative Sig	mature
: Liquid Tran :	nsporter	7 1/ m	* - * - * *	,		₂₀₀ 1

grad 18 **1990**

STORT J. CENCE

Change Burgo.

MAR 1 6 1990
HORAS CARRE

Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

		O TRA	<u>NSP</u>	ORT OIL	TAN DNA	URAL GA					
Operator Hal J. Rasmussen Opera	ating.	Inc.					Well A 3002	PI No. 510711			
Address					0705		L				
Six Desta Drive, Suite Reason(s) for Filing (Check proper box)	5850 ,	Midla	nd,	Texas /		r (Please expla	in)				
New Well		Change in			_	•	•				
ecompletion Oil Dry Gas D											
Change in Operator	Cangneso	1021 (X)	Conor								
nd address of previous operator											
II. DESCRIPTION OF WELL A	AND LEA		Pool I	Name, Includi	ng Formation		Kind c	Leaso	1	esse Na	
W. T. Matkins WN		4			ttix SR	Qu GB		COOKINETOK Fee			
Unit Letter K : 1650 Feet From The West Line and 1980 Feet From The Line								Line			
Section 14 Township	23 S	}	Range	a 36 F	E , NN	IPM,	Lea			County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Leyar New Mexico	Pián	or Coadea	sale		Address (Give	e address to wh	iich approved	copy of this fo	rm is to be si	nt)	
Name of Authorized Transporter of Casing		Ķ.	or Dr	y Gas 🔲		address to wh					
Xcel Gas Co. If well produces oil or liquids,	Unit	Soc.	Twp.	Rge	Six Desta Dr., Suite 5800, Midland, Tx 79705 Is gas actually connected? When ? 10.01.00						
give location of tanks.	P	15	23	36	Yes			12-	·01–89		
If this production is commingled with that f IV. COMPLETION DATA	om any oth	er lease or	pool, g	give comming	ing order numb	ег:					
Designate Type of Completion -	· (X)	Oil Well	-	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	ol. Ready to	Prod		Total Depth	 	L	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fo	omatio	oa .	Top Oil/Gas P	°ay		Tubing Dept	Tubing Depth		
Perforations				 	1			Depth Casing Shoe			
	······································										
HOLE SIZE		UBING, SING & TU			CEMENTIN	NG RECOR	D	SACKS CEMENT			
HOLE SIZE	- CA	31113 8 10	JOING	10126		DEF IN SET		SACKS CEMENT			
V. TEST DATA AND REQUES									i		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te		of load	1 oil and must		thod (Flow, pu			or full 24 hou	rs.)	
								I Charles Sina	Choke Size		
Length of Test Tubing Press					Casing Pressure			CHOLD SIZE			
Actual Prod. During Test	Actual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					d · .			1.			
Actual Prod. Test - MCF/D					Bbls. Conden	ENEMMCF		Gravity of Condensate			
Testing Method (pital, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	OIL CONCERNATION BUILDING										
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 DEC 1 9 1989				1303		
					By_		(rig. Signe	ed by		
Signature Jay Cherski Agent								Paul Kar Geologis	utz		
Printed Name 12-11-89		915-68	Tille 37-1	664	Title.				•		
Date			phone							-	

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.

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 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

·	T	OTRANS	SPORT OIL	AND NAT	TURAL GA						
Openior Hal J. Rasmussen Opera	ting, I	nc.				Well A 3002	PI No. 510711				
Address Six Desta Drive, Suite	5850,	Midland	, Texas 7	9705							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil	Change in Tra		Othe	s (Piease expla	in)					
I change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL A Lesse Name W. T. Matkins WN		Well No. Po	ool Name, Includial Tar		Pro Gas		of Leaso Procession Foo		zse Na		
Location Unit LetterK	:165	0Fe	et From The	West Lin	and 1980	Fo	et From The	South	Line		
Section 14 Township	23 S	Ř:	ange 36 I		мрм,	Lea			County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil Livian New Merce Fry		or Condensal			e address to wh	ich approved	copy of this f	orm is to be se	nt)		
Name of Authorized Transporter of Casingle	head Gas	X 04	Dry Gas		Address (Give address to which approved copy of this form is to be sent)						
Xcel Gas Co. If well produces oil or liquids, give location of tanks.	Unit :		wp. Rge 23 36	Six Desta Drive, Suite 5800, Midland, Tx 797 L ls gas actually connected? When? Yes 12-01-89					1X 79703		
If this production is commingled with that for	rom any othe			ling order num		<u> </u>					
IV. COMPLETION DATA	<u> </u>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion - Data Spudded		. Ready to Pr	rod.	Total Depth P.B.T.D.							
Elevations (DF, RKB, RT, GR, etc.)	levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Tubing Depth				
Perforations		•		<u> </u>	Depth Casing Shoe						
	<u> </u>	UBING, C	ASING AND	CEMENTI	NG RECOR	D	1				
HOLE SIZE		ING & TUB			DEPTH SET		SACKS CEMENT				
								- 			
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	LLOWAI al volume of	BLE Toad oil and mu	it be equal to or	exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Tes			Producing M	ethod (Flow, p.	unp, gas lýt, i	uc)				
Length of Test	Tubing Pres	sure		Casing Press	rrice		Choke Size				
Actual Prod. During Test	uctual Prod. During Test Oil - Bbls.				•		Gas- MCF				
GAS WELL							1.				
Actual Prod. Test - MCF/D Length of Test				Bbis. Coade	assie/MMCF		Gravity of Condensate				
Tubing Pressure (Shui-in)			Casing Press	ure (Shut-in)		Choke Size					
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge soil belief.					Date Approved DEC 1 9 1989				19		
1 - C - C - C - C - C - C - C - C - C -					By Orig. Signed by Paul Kautz						
Signature Jay Cherski Agent Printed Name Title					,			logist			
12-11-89 Date	 :		87-1664 boos 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.