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

## 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

00 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR AL	LOWABL	E AND A	UTHORIZ UBAL GAS	ATION S					
TO TRANSPORT OIL A					01012 071	Well Ar					
lal J. Rasmussen Operating, Inc.						300251071196					
Hal J. Kasmussen oper	ating, inco										
Six Desta Drive, Suit	e 5850, Midl	and,	Texas 79	705							
ason(s) for Filing (Check proper box)				Other	(Please explai	٦)					
w Well	Change is										
completion		Dry Ga									
ange in Operator X	Casinghead Gas	Conden					000/				
hange of operator give name address of previous operator Arc	co Oil and Ga	s Com	npany, B	ox 1710,	Hobbs,	New Mexi	co 8824				
and the province of											
DESCRIPTION OF WELL	AND LEASE	Well No.   Pool Name, Including				Formation Kind of					
ase Name		4 Langlie Mat			ttix SR Qu GB Succession			desat or Fee			
W. T. Matkins WN					-						
ocation 17	. 1650	East E	The We	st Time	and1980	Fee	t From The _	South	Line		
Unit Letter K	_:	_ rea r	rom the								
Section 14 Townsh	ip 23 S	Range	36	E , NN	лрм,	Lea			County		
<u> </u>											
I. DESIGNATION OF TRAI	NSPORTER OF (	OIL AN	ND NATU	RAL GAS	e address to wh	ich annunued	come of this fo	orm is to be see	nt)		
ame of Authorized Transporter of Oil	X or Cond	ensale		Vomere form					•		
Toyas New Mexico Pipeline Co.					8, Hobbs	ick approved	copy of this f	orm is to be se	nl)		
lame of Authorized Transporter of Casinghead Gas AA or Dry Gas				Box 138	Address (Give address to which approved copy of this form is to be sent)  Box 1384, Ja1, New Mexico 88252						
El Paso Natural Gas		170-	Doe			When	7				
f well produces oil or liquids, ve location of tanks.	ces ou or induces.			Is gas actually connected? When Yes			7-7-62	·			
this production is commingled with tha	1				ber:						
V. COMPLETION DATA	I from any onice reaso	o. pou, <b>s</b>									
V. COMI LETTON DATA	Oil W	ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		i		İ	<u> </u>		<u> </u>	<u> </u>			
Date Spudded	Date Compl. Ready	to Prod.		Total Depth			P.B.T.D.				
•				0,110	· · · · · · · · · · · · · · · · · · ·		<u> </u>				
levations (DF, RKB, RT, GR, etc.)	Name of Producing	Formatio	on	Top Oil/Gas	Pay		Tubing Dep	oun			
							Depth Casi	ng Shoe			
erforations											
		0.016	TOIC AND	CEMENT	ING RECOR	2D	<u></u>				
	TUBING, CASING AND			DEPTH SET			SACKS CEMENT				
HOLE SIZE	CASING & TUBING SIZE			DEI III DEI							
· · · · · · · · · · · · · · · · · · ·											
				<del>                                     </del>							
V. TEST DATA AND REQU	EST FOR ALLO	WABL	E						,		
OIL WELL (Test must be after	er recovery of total volu	une of loo	ed oil and mu	s be equal to c	or exceed top al	lowable for th	is depth or be	for full 24 ho	urs.)		
Date First New Oil Run To Tank	Date of Test			Producing 1	Method (Flow, 1	ownp, gas lýi,	elc.)				
=			<u> </u>	<del></del>			Choke Siz	e			
Length of Test	Test Tubing Pressure		Casing Pressure				Gas- MCF				
<u>-</u> 					Water - Bbls						
Actual Prod. During Test	Oil - Bbis.	Oil - Bbls.			1.						
GAS WELL				There can	lengale A A A A C E		Gravity of	Condensate			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF							
	(Chief In)			Casino Pre	Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				/						
			11777								
VI. OPERATOR CERTIF	ICATE OF CO	MPLL	ANCE	11	OIL CO	NSER\	/ATION	I DI <u>VI</u> SI	ON		
I hereby certify that the rules and r	egulations of the Oil Co	onservatio	oa bove	11			9	EP "A	1989		
Division have been complied with is true and complete to the best of	my knowledge and beli	icf.	~~~	D-	ite Approv	red	J	<u></u>	1000		
IS true and complete to the sear or			·		re whhior	· · · · · · · · · · · · · · · · · · ·		amad her			
I IN Sett Kanser					By Bigned by Rautz Geologist						
Simplim		1 37		ll Rà			Geo	logist			
Wm. Scott Ramsey	Genera						, <b>G</b> 600	-			
Printed Name	015 ((	TŅ 2 166		Tit	le						
_8-28-89	915-68	Telepho	nos No.	·							
Date				11							

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.