| Submit 5 Copies Appropriate District Office DISTRICT 1 | Energy, | | e of New Mexico d Natural Resource | es Departme | mt | | Form C-104 Revised 1-1-89 |
|--|--|---|--|-----------------------------------|--|---|---------------------------------------|
| P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 | OIL CONSERVATION DIVISION P.O. Box 2088 | | | | | | See Instructions at Bottom of Page |
| DISTRICT III | S | Santa Fe, Ne | w Mexico 8750 | 4-2088 | | | |
| 000 Rio Brazos Rd., Aztec, NM 87410 | REQUEST | FOR ALLC | WABLE AND A | | | • | |
| Derator | | | | IONAL GA | Well | API No. | |
| Hal J. Rasmussen Ope | • | | ······ | | 30 | 02510720 | |
| Six Desta Drive, Sui esson(s) for Filing (Check proper box) | <u>te 5850, Midl</u> | and, Texa | | s (Please espla | in) | | ······ |
| ecompletion | | in Transporter o Dry Gas | of: | · | | | |
| hange in Operator | Casinghead Gas | | | | | | |
| change of operator give name ad address of previous operator | | | | | | | |
| . DESCRIPTION OF WELL | | 1 | | | | | |
| W. T. Matkins WN | Well No 2 | | Including Formation Mattix SR (|)u GB | | of Lease Redenator Fee | Lease No. |
| Ocation Unit LetterI | 1980 | | he South Line | | | | East |
| Section 15 Towns | hip 23 S | Range | 26 1 | | F Lea | et From The | Line |
| | | | <u>, , , , , , , , , , , , , , , , , , , </u> | РМ, | | <u></u> | County |
| II. DESIGNATION OF TRA | | | ATURAL GAS Address (Give | address to whi | ch approved | copy of this form | tie to be sent) |
| Jert us new Merte (| a fipeline | | | | | | |
| Xcel Gas Co. | | or Dry Gas | | <i>address to whi</i> a Drive. | ch approved Suite | copy of this form | is to be sent) land, Tx 797(|
| well produces oil or liquide, ve location of tanks. | Unit Soc. P 15 | Twp. 23 | Rge. Is gas actually 36 Yes | connected? | When | <u>, 9000, Miu</u> ? | 11and, 1x /9/(|
| this production is commingled with that . COMPLETION DATA Designate Type of Completion | | | | Workover | Deepen | Plug Back Sar | me Res'v Diff Res'v |
| als Spudded | Date Compl. Ready t | o Prod. | Total Depth | L | | P.B.T.D. | I |
| levations (DF, RKB, RT, GR, etc.) | Name of Producing F | ormation | Top Oil/Gas Pa | у | | Tubing Depth | |
| enforations | | • | | | | Depth Casing St | 306 |
| | | | | | | | |
| | TUBING | CASING A | ND CEMENTIN | G RECORD | ····· | | |
| HOLE SIZE | TUBING | CASING A | | G RECORD | | SAC | KS CEMENT |
| HOLE SIZE | TUBING CASING & TU | CASING A | | | | SAC | KS CEMENT |
| | | UBING SIZE | | | | SAC | KS CEMENT |
| TEST DATA AND REQUE | CASING & TI | ABLE | | EPTH SET | | | |
| TEST DATA AND REQUES | | ABLE | | EPTH SET | able for this | depih or be for fu | |
| TEST DATA AND REQUES IL WELL (Test must be after t ale First New Oil Rua To Tank | CASING & TI CASING & TI ST FOR ALLOW | ABLE | musi be equal to or ex | EPTH SET | able for this | depih or be for fu | |
| . TEST DATA AND REQUE | CASING & TI CASING & TI ST FOR ALLOW. ST FOR ALLOW. Pecovery of total volume Date of Test | ABLE | must be equal to or ex Producing Meth | EPTH SET | able for this o, gas lift, et | depih or be for fi | |
| TEST DATA AND REQUE IL WELL (Test must be after t ate First New Oil Run To Tank ength of Test ctual Prod. During Test | CASING & TI CASING & TI ST FOR ALLOW. ST FOR ALLOW. Date of Test Tubing Pressure | ABLE | must be equal to or ex Producing Meth Casing Pressure | EPTH SET | able for this o, gas lift, et | depih or be for fi c.) Choke Size | |
| . TEST DATA AND REQUES IL WELL (Test must be after t ate First New Oil Rus To Tank ength of Test | CASING & TI CASING & TI ST FOR ALLOW. ST FOR ALLOW. Date of Test Tubing Pressure | ABLE | must be equal to or ex Producing Meth Casing Pressure | EPTH SET | able for this o, gas lift, et | depih or be for fi c.) Choke Size | ul 24 hours.) |
| TEST DATA AND REQUES IL WELL (Test must be after 1 ate First New Oil Run To Tank ength of Test cural Prod. During Test AS WELL cural Prod. Test - MCF/D | CASING & TI CASING & TI ST FOR ALLOW. ST FOR ALLOW. Trecovery of total volume Date of Test Tubing Pressure Oil - Bbls. | UBING SIZE | must be equal to or ex Producing Meth Casing Pressure Water - Bbls | EPTH SET | able for this o, gas lift, et | depih or be for fu c.) Choke Size Gas- MCF | ul 24 hours.) |
| TEST DATA AND REQUE IL WELL (Test must be after to the First New Oil Run To Tank ingth of Test itual Prod. During Test AS WELL itual Prod. Test - MCF/D ting Method (pitot, back pr.) | CASING & TI CASING & TI ST FOR ALLOW ST FOR ALLOW Date of Test Date of Test Tubing Pressure Oil - Bbls. | ABLE of load oil and | must be equal to or ex Producing Meth Casing Pressure Water - Bbls. | EPTH SET | able for this o, gas lift, et | depih or be for fi c.) Choke Size Jas- MCF Gravity of Conde | ul 24 hours.) |
| TEST DATA AND REQUE IL WELL (Test must be after i ate First New Oil Run To Tank ingth of Test itual Prod. During Test AS WELL itual Prod. Test - MCF/D ting Method (pitot, back pr.) I. OPERATOR CERTIFIC I hereby certify that the rules and regul: Division have been complied with and | CASING & TI CASING & TI ST FOR ALLOW. ECOVERY of Iotal volume Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut ATE OF COMP ations of the Oil Conserv that the information give | UBING SIZE ABLE of load oil and -ip) LIANCE ration | must be equal to or ex Producing Meth Casing Pressure Water - Bbls. Bbls. Condensat Casing Pressure | EPTH SET | able for this o, gas lift, et | depih or be for fi c.) Choke Size Jas- MCF Gravity of Conde Choke Size | uli 24 hours.) |
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| TEST DATA AND REQUES IL WELL (Test must be after 1 ate First New Oil Run To Tank ringth of Test tural Prod. During Test AS WELL tural Prod. Test - MCF/D ting Method (pitot, back pr.) L OPERATOR CERTIFIC. I hereby certify that the rules and regul: Division have been complied with and the is true and complete to the best of my here Signature | CASING & TI CASING & TI ST FOR ALLOW. ECOVERY of Iotal volume Date of Test Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shut ATE OF COMP ations of the Oil Conserv that the information give | UBING SIZE ABLE of load oil and -ip) LIANCE ration | must be equal to or ex Producing Meth Casing Pressure Water - Bbls. Dbls. Condensat Casing Pressure Ol | EPTH SET | ERVA | depih or be for fi c.) Choke Size Jas- MCF Gravity of Coade Choke Size TION DI BEC TI g. Signed by aul Kautz | 11 24 hours.) |
| TEST DATA AND REQUE IL WELL (Test must be after t ate First New Oil Run To Tank ength of Test cuml Prod. During Test AS WELL | CASING & TI CASING & TI ST FOR ALLOW. ST FOR ALLOW. Tecovery of total volume Date of Test Tubing Pressure Oil - Bbls. Oil - Bbls. Dil - Bbls. Cil - Bb | LIANCE | must be equal to or ex Producing Meth Casing Pressure Water - Bbls. Dbls. Condensat Casing Pressure Ol Date A By | EPTH SET | ERVA | depih or be for fi c.) Choke Size Jas- MCF Gravity of Conde Choke Size | 11 24 hours.) |
| TEST DATA AND REQUES IL WELL (Test must be after i ate First New Oil Run To Tank ringth of Test cural Prod. During Test AS WELL cural Prod. Test - MCF/D sting Method (pitot, back pr.) L OPERATOR CERTIFIC I hereby certify that the rules and regul: Division have been complied with and it is true and complete to the best of my h Signature Jay Cherski | CASING & TI CASING & TI ST FOR ALLOW. ST FOR ALLOW. Tecovery of total volume Date of Test Tubing Pressure Oil - Bbls. Oil - Bbls. Oil - Bbls. Length of Test Tubing Pressure (Shut ATE OF COMP ations of the Oil Conserv that the information give mowledge in 3 belief. Age n | -in) | must be equal to or ex Producing Meth Casing Pressure Water - Bbls. Bbls. Condensat Casing Pressure Ol Date A | EPTH SET | ERVA | depih or be for fi c.) Choke Size Jas- MCF Gravity of Coade Choke Size TION DI BEC TI g. Signed by aul Kautz | 11 24 hours.) |

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 Goojes | State of 1 | New Mexico | | | | | |
|--|---|--|---|--|--|--|--|
| Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 | Energy, Minerals and Na | Form C-104 Revised 1-1-89 See Instructions | | | | | |
| DISTRICT II P.O. Drawer DD, Artesia, NM \$8210 | OIL CONSERV P.O. 1 | at Bottom of Page | | | | | |
| DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410 | | Mexico 87504-2088 | | | | | |
| I. | REQUEST FOR ALLOWA TO TRANSPORT O | BLE AND AUTHORIZAT | ION | | | | |
| Operator Hal J. Rasmussen Op Address | erating, Inc. | | Well API No. 300251072000 | | | | |
| Six Desta Drive, Sui | te 5850, Midland, Texas | | | | | | |
| Reason(s) for Filing (Check proper bax) New Well | Change in Transporter of: | Other (Please explain) | | | | | |
| Recompletion Change in Operator | Oil Dry Gas Casinghead Gas Condensate | | | | | | |
| If change of operator give name and address of previous operator Arc. | o Oil and Gas Company, I | Box 1710, Hobbs, New | Mexico 88240 | | | | |
| II. DESCRIPTION OF WELL | | | | | | | |
| Lesse Name W. T. Matkins WN | Well No. Pool Name, Inclu 2 Langlie M | ding Formation Mattix SR Qu GB | Kind of Lease Lease No. XHIE XHERE KAY Fee | | | | |
| Location Unit LetterI | | South66Q | East Line | | | | |
| Section 15 Townsh | ip 23 S Range 36 H | . ммрм, | Lea County | | | | |
| III. DESIGNATION OF TRAP | SPORTER OF OIL AND NATU | JRAL GAS | | | | | |
| Name of Authorized Transporter of Oil Texas New Mexico Pipe | XX or Condensate | Address (Give address to which ap Box 2528, Hobbs, Ne | proved copy of this form is to be sens) w Mexico 88240 | | | | |
| Name of Authorized Transporter of Casim El Paso Natural Gas | ighead Gas XX or Dry Gas | Address (Give address to which ap | proved copy of this form is to be sent) | | | | |
| If well produces oil or liquids, give location of tanks. | A second s | Box 1384, Jal, New Is gas actually connected? Yes | When 7 5-12-60 | | | | |
| If this production is commingled with that IV. COMPLETION DATA | from any other lease or pool, give comming | | | | | | |
| Designate Type of Completion | - (X) Oil Well Gas Well | New Well Workover Dec | epen Plug Back Same Res'v Diff Res'v | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, elc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | |
| Perforations | ┛ | <u></u> | Depth Casing Shoe | | | | |
| | | CEMENTING RECORD | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | |
| | | | | | | | |
| V. TEST DATA AND REQUES | T FOR ALLOWABLE | | | | | | |
| | ecovery of total volume of load oil and musi | be equal to or exceed top allowable j Producing Method (Flow, pump, gas | for this depth or be for full 24 hours.) | | | | |
| | | | | | | | |
| 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 | | | | |
| VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula Division have been complied with and t | ations of the Oil Conservation | OIL CONSER | RVATION DIVISION | | | | |
| is true and complete to the best of my k | nowledge and belief. | Date Approved | SEP 6 1989 | | | | |
| _ ha scott Kame | y | | Orig. Signed by Paul Kautz | | | | |
| Signature | | By | Geologist | | | | |
| Wm. Scott Ramsey | General Manager | | 1 | | | | |
| Wm. Scott Ramsey Printed Name 8-28-89 Date | General Manager Tile 915-687-1664 Telephone No. | Title | | | | | |

¹⁾ Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
 All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED OCD HOBBS OFFICE

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