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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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brizos Rd., Ariec, NM 87	410 DE				. <b></b>					
I.	חבו	TO TF	POH A RANSP	CRTC	ABLE AND	AUTHOR	IZATION	Į.		
Operator Hal I Pagentagen	<u> </u>			0.11	AL AND IN	TIONALG		API No.		<del></del>
Hal J. Rasmussen (	operating.	g, inc.	· 		··					
Six Desta Drive,	Suite 58	50, Mid	lland,	Texas	79705					
Reason(s) for Filing (Check proper b	ax)	~			A O	her (Please expl	ain)		<del></del>	<del></del>
Recompletion	Oil		in Transpo Dry G		C	hange in	name			
Change in Operator  If change of operator give name	Caring	ead Gas			_		паше			
and address of previous operator	Hal J. Ra	asmusse	n, 30	6 W. W	all, Sui	te 600, N	Midland	, Texas	79701	
II. DESCRIPTION OF WE			TA	<b>)</b>						<del></del>
State A Ac 1		Well No 82	Pool N	ame, Inclu	ding Formation	Rvrs Quee	Kind	of Lease	<del></del>	Lease No.
Location		1					State	, F <del>ederal or F</del>	<del>100</del>	
Unit Letter B	: <u></u>	660	_ Feet Fr	om The _	North Lin	1980			East	
Section 15 Tow	nship 23	S	Range			-		eet From The	·	Line
						MPM, L	-ea			County
III. DESIGNATION OF TR Name of Authorized Transporter of Or	ANSPORT	ER OF C	IL AN	D NATU	RAL GAS					
Texas New Mexico	Pipeline		ELECTION OF THE PERSON OF THE		Box 421	e oddress to who	ich approved	copy of this	form is to be s	eni)
Name of Authorized Transporter of Ca Phillips 66 Natur	singhead Gas	X	or Dry (	Gas [	Address (Giv	e address to wh	ich approved	Conv of this		ent)
If well produces oil or liquids,	Unit	S∞.	Twp	<u> </u>	Dartie	sville, U	Klanoma	l ————		
give location of tanks.	i	i	1	1	Is gas actuall		When	?		
If this production is commingled with the IV. COMPLETION DATA	rat from any or	her lease or	pool, give	comming	ling order numb	er:				
		Oil Well	l G	as Well	New Well	Wadania			,	
Designate Type of Completion  Date Spudded		i	i		Ĺ i	Workover	Deepen	; Plug Back 	Same Res'v	Diff Res'v
	Date Com	pl. Ready to	Prod.		Total Depth	<del></del>		P.B.T.D.	٠	
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	rmation		Top Oil/Gas P	'ay	<del></del>	Tubing Dec	<u> </u>	
Perforations								Tubing Depth		
								Depth Casin	g Shoe	
HOLE SIZE					CEMENTIN	G RECORD	<u> </u>		<del></del>	
TIOCE OICE	UA:	SING & TU	BING SIZ	ZE		DEPTH SET		S	ACKS CEME	NT
	<del></del>									
. TEST DATA AND REQUE	ST FOR A	LLOWA	BLE	<u> </u>						
IL WELL (Test must be after that First New Oil Run To Tank	Date of Tes	tal volume o	f load oil	and must b	e equal to or e	xceed top allow	able for this	depth or be so	or full 24 hours	:)
	Date of 15%	•			Producing Met	hod (Flow, pury	o, gas lift, etc	:)		
ength of Test	Tubing Pres	sure	<del></del>		Casing Pressure	;		Choke Size		
ctual Prod. During Test	Oil - Bbls.			<del></del>  ,	Water - Bbls.			C VCC		
								Gu- MCF		
SAS WELL ctual Prod. Test - MCF/D							······································			
tion rich rest - MCP/D	Length of T	cst			Bbls. Condensa	<b>EMMCF</b>		Gravity of Co	adensate	
sting Method (pitot, back pr.)	Tubing Pres	sure (Shut-in	1)		asing Pressure	(Shut-in)		hoke Size	· · · · · · · · · · · · · · · · · · ·	
I OPEDATOR GERMAN										
I. OPERATOR CERTIFIC I hereby certify that the rules and regu	ATE OF	COMPL	IANC	E	Oi	LCONS	EB//V.		11/10101	•
Division have been complied with and is true and complete to the best of my	that the inform	olion niven	above		0.	L CONS	LIVA	Alla	2 1 198	à
	Enowicage and	belief.			Date A	upproved .				
Wat Scott Kamony					ORIGINAL SIGNED BY JERRY SEXTON				ON	
Signature Wm. Scott Ramsey	✓ Ge	neral 1	Manage	er	Ву		ואוכוע	CITOUPE	KVISUK	<del></del>
Printed Name July 13, 1989			ille	— II	Title					
Date		Telephx						<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.

WECE/VED

AUG 17 1989 OCD HOBBS OFFICE

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRAMEPORTER OIL	<del></del>	<del>!                                    </del>
944	_	$\vdash$
OPERATOR	_	$\vdash$
PROBATION OFFICE		$\vdash$

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

Form C-104 Remises 10-01-78 Fermal 06-01-63

REQUEST FOR ALLOWABLE AND

PROMATION OFFICE		AND .	
Cpereter	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL GAS	ख. के .
		ORT OIL AND NATURAL GAS	. •
Hal J. Rasmussen			" · .
Heason(s) for feling (Check proper box)	600 Midland Te	7070	gradient de la company
Now Vell	TP	xas /9701	
Recompletion	Change in Transporter els	Other (Please explain)	
Change in Ownership		Dry Cas Effective Dec. 1,	1988
If change of ownership give name	Castnghead Gas	Condensate	
and address of previous owner	Sun Exploration .	D.	
	expression &	Production Company P.O. Bo	v 1061 - 3
II. DESCRIPTION OF WELL AND	LEASE (Tald)	M 2 4 7	X 1801,
State A A/C 1	Well No. Post Name, Including	f Stratton	, lexas /97
Location	<u> 182</u>   Langite Ma	ttix 7 Punc	Les
Unit Latter B: 660	queen GB	State, Federal of Fee	State
:	Feet From The North	ine and 1980	
Line of Section 15 Towns		Feet From The	ast
· ·	Range	365	
II. DESIGNATION OF TRANSPORT	RTER OF OUR AND ALL	Timpm, Lea	
Toyac Manual Managerter of Ott (X	of Condensate	L GAS	
Texas New Mexico Pipe		Box 42130. Houston Ty 77	And Andrews
demo of Authorized Transporter of Casing	ead Gas or Dry Gas	Box 42130, Houston, Tx 77	242
Phillips 66 nath &	as	Address (Give address to which approves copy of a	Au form
ive location of tanks.	Sec. Twp. Rge.		to be sent
•		Is day actifully connected?   When	
this production is commingled with the OTE: Complete Parts IV and V on	at from any other lease or neet		
OTE: Complete Parts IV and V on	revoces oids 'C	give commingling order numbers	
CERTIFICATE OF COMPLIANCE		1.	
teby certify that the rules and regulations of a compliced with and that the information give knowledge and heliof	de ou c	OIL CONSERVATION DIVIS	SION
n complied with and that the information give knowledge and belief.	n is true and complete to the have	APPROVED DEC 2 9 1000	,
S Scher.	tomplete to the best of	1000	10
		ORIGINAL SIGNED BY JERR	V 683000.
	11	TITLE DISTRICT I SUPERVIS	2 SEATON
WM Scott Kom	. 11		
1SI Ramou	2	This form is to be filed in compliance will this is a request for allowable for a co-well, this form much	
Wm. Scott Ramsey Gene	ral Managan	If this is a request for allowable for a newell, this form must be accompanied by a table taken on the well in accompany	IT HULE 1104.
(Title)	ral Manager	If this is a request for allowable for a newell, this form must be accompanied by a table taken on the well in accordance with a able no accordance of this form must be fit.	itation of the deepe
12-6-88	. []	All seeds	ULE 111.
(Date)		Till the wand recompleted wells.	completely for all
<b>9.</b>	ll .	well name or number of time I. II. and VI	loe cha
	·	well name or number, or transporter, or other auc Separate Forms C-104 must be filed for completed wells.	h change of condi-
	•	Saperate Forms C-104 must be filed for completed wells.	each pool in mules
•			
<u>.</u>			

Designate Type of Complete	ion – (X)	OIT MeIT	Gas well	New Well	Workover	Deepen	Plug Bacs	Same Resty.	DILL A	
Date Spudged	Date Comp	Date Compl. Resay to Pros.					P.B.T.D.			
Eleventone (DF, RKB, RT, GR, etc.,	Name of Producing Formation			Top Oll/Gas Pay			Tubing Depth			
Perforetions	<del></del>							·A		
			•				Depth Casin	g Shoe		
		TUBING.	CASING, AN	D CEMENTIN	G RECOPO		<del>!</del>			
HOLE SIZE	CASI	NG & TUBII	NG SIZE		DEPTH SE			CKS CEMEN		
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TEST DATA AND REQUEST OIL WELL	FOR ALLO	WABLE (7	est must be a ble for this de					ual to or exce	id top a	
TEST DATA AND REQUEST OIL WELL	Date of Tee	· <b>(</b>	est must be a ble for this de	fier recovery a pth or be for fi				ual to or exce	id top a	
	FOR ALLO Date of Tee Tubing Pres	· <b>(</b>	est must be a ble for this de		thas (Flow,			ual to or excee		
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ongth of Test	Tubing Pres	lawa	•	Casing Press	thas (Flow,		i, eic.j	ual to or exec		
ongth of Teet  Study Prod. During Teet  AS WELL	Tubing Pres	lawa	•	Casing Press	thas (Flow,		Chase Size	ual to or exec		
etual Prod. During Test	Tubing Pres	i.	•	Producing Me Casing Press Water-Bhis.	ethod (Flow,		Chate Size			
etual Prod. During Test	Tubing President Oil + 8 bis.	i.		Casing Press	ethod (Flow,		Chase Size			

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