Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240	State Energy, Minerals and	of New Mexico I Natural Resources Department	Form C-104 Revised 1-1-89
DISTRICT II P.O. Drawer DD, Arteria, NM 8821	OIL CONSER	VATION DIVISION D. Box 2088	See Instructions at Bottom of Page
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87	Santa Fe, Nev	w Mexico 87504-2088	
I.	HEQUEST FOR ALLO	WABLE AND AUTHORIZA	ΓΙΟΝ
Operator	TO TRANSPORT	OIL AND NATURAL GAS	Well API Na.
Hal J. Rasmussen Or Address	perating, Inc.		30 025 10724
<u>Six Desta Drive, Su</u>	ite 2700, Midland, Texas	s 79705	
Reason(s) for Filing (Check proper b New Well	ar) Change in Transporter of:	Other (Please explain)	
Recompletion X Change in Operator	Oil Dry Gas		
If change of operator give name and address of previous operator	Casinghead Gas Condensate		
II. DESCRIPTION OF WE			
Lesse Name		cluding Formation	Kind of Lease No
State A A/C 1		Tnsl-Yts-7R	Kind of Lease No. State, Federal or Fee
Unit Letter G	1980 Feet From The	North Line and 1980	East East
Section 15 Tow	nship 23 S Range 36 E		reet from the Line
	Kange	· · · · · · · · · · · · · · · · · · ·	County
Name of Authorized Transporter of O	ANSPORTER OF OIL AND NA	TURAL GAS	
Texas New Mexico Pi	peline Co.	Box 42130 Houston	proved copy of this form is to be sent)
Name of Authonized Transporter of Ca XCEL Gas Co.	usinghead Gas or Dry Gas X	Address (Give address to which ap	proved copy of this form is to be sent)
If well produces cil or liquids, give location of tanks.	Unit Soc. Twp. R	SIX Desta Drive, St	lite 5800, Midland, Tx 79705
If this production is commingled with the	nat from any other lease or pool, give comm		1/31/90
IV. COMPLETION DATA			
Designate Type of Completic	on - (X) Oil Well Gas Well X	New Well Workover Dee	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, elc.)	2/15/90 Name of Producing Formation	Top Oil/Gas Pay	3524
Perforations	Tansill	2891	Tubing Depth
<u>2891, 93, 2909,</u> 10,	16, 19, 32, 34, 50, 57		Depth Casing Shoe
HOLE SIZE	TUBING, CASING AND	D CEMENTING RECORD	
1022 3122	<u>CASING & TUBING SIZE</u> 9 5/8	DEPTH SET	SACKS CEMENT
		336	250
. TEST DATA AND REQUE	ST FOR ALLOWABLE		
Date First New Oil Run To Tank	recovery of total volume of load oil and mu	it be equal to or exceed top allowable for	this depth or be for full 24 hours.)
ength of Test		Producing Method (Flow, pump, gas)	ýi, eic.)
-	Tubiog Pressure	Casing Pressure	Choke Size
ctual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF
GAS WELL			
ctual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
17 sting Method (pisor, back prj	24 hrs. Tubing Pressure (Shut-in)	0	Clavity of Concensus
back pressure		Casing Pressure (Shut-in) 75#	Choke Size
L OPERATOR CERTIFICATE OF COMPLIANCE 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	
Signature Jay Cherski Engineer		Ву	
Printed Name	Engineer Tide		
5/31/90 Date	<u>915/687-1664</u> Telephone No.	Title	
INSTRUCTIONS: This form			

- 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