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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 \$8210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brizos Rd., Arec, NM 87411	_	Santa	Fe, N	ew)	Mexico 87	504-2088						
I.	REQUES'	TFOF	ALLO)WA	ABLE AND	O AUTHO	RIZATI	ON				
Operator		TRAN	SPOR	TO	IL AND N	ATURAL	GAS					
								1 APINO 0 - 025 - 10724				
Six Desta Drive.	Suite 5850.	Midla	and 7	Το•••	70705					١ - ك	<u> </u>	<u> </u>
Reason(s) for Filing (Check proper box) New Well	,				1S /9/05	ther (Please in	(بذفاد					
Recompletion	Chan Oil	ge in Tra	asporter i v Gas	of:								
Change in Operator If change of operator give name	Casinghead Gas	∑ 0	odensate									
and address of previous operator												
II. DESCRIPTION OF WELL		·										
State A Ac 1	Well	Na Po	Name, Lang	locius lie	ding Formation	x SR Qu	CP	Kind (of Lease Federal or F		Lease	Na
Location									LEGELTI OL L			
Unit Letter G	_:1980	Fee	t From T	pe $_{N}$ \circ	rth L	ne and19	980	Fe	et From The	Eas	t	Line
Section 15 Towns	nl p 2.3 S	Rar	nge	36	E ,	√МРМ,	Le	ea				
III. DESIGNATION OF TRAI	NSPORTER OF	OIL	ND N	A TIT								County
in in the second of the second	ি ভ [া] ু or ¢o	ndensate		AIU	Address (G	ve address to s	which app	roved	copy of this	form it to h	()	
Name of Authorized Transporter of Casin	eghead Gas	ort	Or Gar			_						
xcel Gas Co.	ACEL Gas Co.				Address (Give address to which approved Six Desta Drive, Suite			rowd te <u>s</u>	d copy of this form is to be sent) 5800, Midland, Tx 79705			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Tw	آ اِ د	Rge	Is gas actual	ly connected?	V	Vhen '	7			77703
I this production is commingled with that V. COMPLETION DATA	from any other lease	or pool,	give com	ming	ling order num	S iber;			12	11/80	<u></u>	
TO COME BETTON DATA	low		Gas W									
Designate Type of Completion Date Speeded	- (X)	i		CII	New Well	Workover	Deep	eo	Plug Back	Same Res's	/ Din	T Res'v
Date Spread	Date Compl. Read	y to Prod			Total Depth		<u> </u>		P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formati	00		Top Oil/Gas Pay				Tubing Depth			
Perforations												
								i	Depth Casin	Shoe		
HOLE SIZE	TUBING	G, CAS	ING A	DM	CEMENTING RECORD							
	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
	 											
TECT DATA AND DECUE	77 70 70 11 10 10											
. TEST DATA AND REQUES IL WELL (Test must be ofter re tate First New Oil Run To Tank	I FOR ALLOY covery of total volum	VABLE u of loca	E i oil and i	must }	be equal to an	average It						
tate First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, Fu	mp, zas li	thus a	epih or be fo)	r full 24 ho	ws.)	
ength of Test	Tubing Pressure				Casing Pressure				Choke Size			
ctual Prod. During Test									Chorp Site			
	Oil - Bbls.				Water - Bbls.				as- MCF			
AS WELL								J				
ctual Prod. Test - MCF/D Length of Test				Bbls. Condensate/MMCF			70	Gravity of Condensate				
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size				
L OPERATOR CERTIFICATE OF COMPLIANCE						·						
I hereby certify that the rules and regular	ions of the Oil Conse				0	IL CON	SERI	/Δ٦		1///01/		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION Date Approved DEC 2 2 1989							
C (C C C C C C C C C C C C C C C C C C					Date .	Approved	·		UEU A	130	<u>ეყ</u>	
Signature					By OFFICE SECTION							
Jay Cherski Agent					SUPPLY SU				TOVISOR			
12 4 89	915-687				Title_	·						
	Tele	ephone N	lo.									

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 J
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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 37410	n	Santa Fe, N	lew M	Mexico 87504-2088					
I.	REQUES'	T FOR ALLO	OWA	BLE AND AUTHOR	RIZATION	1			
Operator	10	TRANSPOR	TO	IL AND NATURAL C	SAS				
Hal J. Rasmussen Op	erating, In			I API No.					
Six Desta Drive, Su	ite 5850, M	idland, Te	exas	3 79705					
Reason(s) for Filing (Check proper box) New Well		m		A Other (Please eq	xain)				
Recompletion	Oil Chan	ge in Transporter of Dry Gas	ol:	Change in	name				
Change in Operator	Casinghead Gas			ondinge in	паше				
If change of operator give name and address of previous operator Ha	l J. Rasmus	sen, 306 W	7. W	all, Suite 600,	Midland	, Texas 797	701		
II. DESCRIPTION OF WELL									
State A Ac 1	Well 80	No. Pool Name, Langli		din g Formation attix 7 Rvrs Quee		of Lease , Federal or Fee	L	esse Na	
Location Unit Letter G	. 1980			North Line and 198			ast		
Section 15 Townsh	ip 23 S		ne	0.6		eet From The	<u> </u>	Line	
				36 E , NMPM,	Lea			County	
III. DESIGNATION OF TRAI Name of Authorized Transporter of Oil	VSPORTER OF	OIL AND N	ATU	RAL GAS					
Texas New Mexico Pipe		nden rate		Address (Give address to w	hich approve	d copy of this form	s to be se	ni)	
Name of Authorized Transporter of Casin	ighead Gas X	<u> </u>	Box 42130, Hous	ston, Te	xas 77242	as 77242			
El Paso Nat'l Gas & F		Nat'l Gas		Box 1492, El Fa	n <i>ich approved</i> ISO - Tex	d copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Is gas actually connected?	When							
If this production is commingled with that	from any other lease	or pool, give com	mingl.	ling order number:					
IV. COMPLETION DATA									
Designate Type of Completion		i	cli	New Well Workover	Deepen	Plug Back Sam	e Res'v	Diff Res'v	
Diffe Spice of	Date Compl. Ready	to Prod.		Total Depth	<u> </u>	P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay	Tubing Depth				
Perforations									
						Depth Casing Sho	£		
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE)				
	CASING 8	TUBING SIZE		DEPTH SET	SACKS CEMENT				
. TEST DATA AND REQUES	T FOR ALLOY	VABLE							
IL WELL (Test must be after re	covery of total volum	e of load oil and i	musi b	e equal to or exceed top allow	vable for this	depth or be for full	24 hours	1	
	Date of Test		11	Producing Method (Flow, pun	φ, gas lýt, e:	=)		<u></u>	
ength of Test	Tubing Pressure			Casing Pressure		Choke Size			
ctual Prod. During Test	Oil - Bbls.			Water - Bbls.		Gas- MCF			
GAS WELL	·								
th w	Length of Test	·	E	Bbls. Condensate/MMCF		Gravity of Condens	210		
sting Method (pitat, back pr.)	Dihing Pressing (Ch.	u in							
	Tubing Pressure (Shut-in)			asing Pressure (Shut-in)	Choke Size				
L OPERATOR CERTIFICA	TE OF COM	PLIANCE			!				
I hereby certify that the rules and regulari	one of the Oil Conce	mustice.		OIL CONS	SERVA	INJONDIN	SION	l	
Division have been complied with and the is true and complete to the best of my known	at the information given owledge and belief.	en above		OIL CONS		AUG 2 1	198	9	
11. 6.0	- ·			Date Approved					
Signature Cott Kan	.	ByORIGINAL SIGNED BY JERRY SEXTON							
Wm. Scott Ramsey Printed Name		THE TRICT T GUPERVISOR							
July 13, 1989	915-687	Tide 7–1664		Title					
Date		phone No.							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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- 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.