+-									
Submit 5 Copies Appropriate District Office <u>DISTRICT J</u> P.O. Box 1980, Hobbs, NM \$8240		State of New Mexico Energy, Minerals and Natural Resources Department					ment		Form C-104 Revised 1-1-89
DISTRICT II P.O. Drawer DD, Aresia, NM \$8210		OIL CONSERVATION DIVISION P.O. Box 2088					ON		See Instructions at Bottom of Page
DISTRICT III 1000 Rio Brazos Rd., Anec, NM \$741	_	S	anta Fe, Ne			504-2088			
I.	[®] REQ	UEST F	OR ALLO	WA	BLE AND	AUTHOF		N	
Operator		TOTR	ANSPORT		L AND N	ATURAL C		I API No.	··
Hal J. Rasmussen (0-025	10727
Six Desta Drive, Reason(s) for Filing (Check proper box,	<u>Suite 58</u>)	50, Mi	dland, T	exa		her (Please exp			
New Well	0.1	Change in	n Transporter o			ाल (। १९७७ हार्	kain)		
Change in Operator	Oil Casinghe	ւմ Շու [_	Dry Gas Condensate						
If change of operator give name and address of previous operator	·····								
I. DESCRIPTION OF WELL	L AND LE	ASE					<u> </u>		
State A Ac 1		Well No.	Pool Name, I Jalmat	T a	nsill	(Pro Ga Yt Sev	s) Kin	d of Lesse 2, Federal or Fee	Lesse No.
Location		1650							
Unit LetterF	_;		Feet From Th				<u>1650</u>	Feet From The	West Line
Section 15 Towns	hip 23 S	<u> </u>	Range	<u> </u>	36 E N	MPM,	Lea		County
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	NSPORTE	ROFO	IL AND NA	TUI	RAL GAS				
		or Conden			Address (Gi	ve address to w	hich approv	ed copy of this for	n is to be sent)
Name of Authonized Transporter of Casi XCe1 Gas Co.	nghead Gas		or Dry Gas	Ă	Address (Gi Six Des	address to w	hich approv	the copy of this form	n is to be sens) land, Tx 7970
I well produces oil or liquids, ve location of tanks.	Unit	Soc.	Twp	Rge.	ls gas actual	y connected?	Whe		iand, 1x /9/0
this production is commingled with that	from any oth	er lease or j	pool. give com	mineli	ye:	<u>3</u>		1211	81
V. COMPLETION DATA					·····				
Designate Type of Completion	- (X)	Oil Well	Gas We	:U	New Well	Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v
Jale Spudded	Date Comp	I. Ready to	Prod.		Total Depth	1	L	P.B.T.D.	
levations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing For	mation	,	Top Oil/Gas	Pay			
erforations		<u> </u>				•		Tubing Depth	
								Depth Casing S	hoe
HOLESIZE	T	UBING,	CASING AL	ND C		NG RECOR	D	Depth Casing S	hoe
HOLE SIZE	TI CAS	UBING, (ING & TUI	CASING AL			NG RECORI DEPTH SET	D		hoe CKS CEMENT
HOLE SIZE		UBING, (ING & TUI	CASING AN BING SIZE				D		
		ING & TUI	BING SIZE				D		
TEST DATA AND REQUES	CAS		BING SIZE			DEPTH SET		SAC	KS CEMENT
TEST DATA AND REQUES	CAS	LLOWA	BING SIZE	nusi be	e equal to or	DEPTH SET	wable for thi	SAC	KS CEMENT
TEST DATA AND REQUES IL WELL (Test must be after r ale First New Oil Rus To Tank	CAS ST FOR Al ecovery of lold Date of Test	LLOWA	BING SIZE	nust be	e equal to or Froducing Me	DEPTH SET	wable for thi	s depih or be for f	KS CEMENT
TEST DATA AND REQUES IL WELL (Test must be after r ate First New Oil Run To Tank ength of Test	CAS ST FOR Al ecovery of lold Date of Test Tubing Press	LLOWA	BING SIZE	Pussi be	e equal to or Producing Me Casing Pressur	DEPTH SET	wable for thi	s depih or be for f Choke Size	KS CEMENT
TEST DATA AND REQUES IL WELL (Test must be after r ate First New Oil Run To Tank angth of Test	CAS ST FOR Al ecovery of lold Date of Test	LLOWA	BING SIZE	Pussi be	e equal to or Froducing Me	DEPTH SET	wable for thi	s depih or be for f	KS CEMENT
TEST DATA AND REQUES IL WELL (Test must be after r ate First New Oil Run To Tank angth of Test tund Prod. During Test AS WELL	CAS ST FOR Al ecovery of lold Date of Test Tubing Press	LLOWA	BING SIZE	Pussi be	e equal to or Producing Me Casing Pressur	DEPTH SET	wable for thi	s depih or be for f Choke Size	KS CEMENT
TEST DATA AND REQUES IL WELL (Test must be after r ate First New Oil Run To Tank angth of Test tund Prod. During Test AS WELL	CAS ST FOR Al ecovery of lold Date of Test Tubing Press	LLOWA al volume of 2017	BING SIZE	P C W	e equal to or Producing Me Casing Pressur	DEPTH SET	wable for thi	s depih or be for f Choke Size	ull 24 hours.)
TEST DATA AND REQUES IL WELL (Test must be after r the First New Oil Run To Tank agth of Test tual Prod. During Test AS WELL tual Prod. Test - MCF/D	CAS TFOR All ecovery of total Date of Test Tubing Press Oil - Bbls.	LLOWA al volume of 2017e	BING SIZE BLE (load oil and n	P CC W	e equal to or Froducing Me Casing Pressur Vater - Bbls.	DEPTH SET	wable for thi	SAC SAC s depih or be for f ite.) Choke Size Gas- MCF	ull 24 hours.)
TEST DATA AND REQUES IL WELL (Test must be after r ate First New Oil Run To Tank ength of Test tual Prod. During Test AS WELL tual Prod. Test - MCF/D ting Method (pirot, back pr.)	CAS CAS CT FOR All covery of total Date of Test Tubing Press Oil - Bbls.	LLOWA al volume of sure st ure (Shut-in	BING SIZE BLE (load oil and n	P CC W	e equal to or Froducing Me Casing Pressur Vater - Bbls.	DEPTH SET	wable for thi	SAC SAC s depih or be for f de.) Choke Size Size MCF	ull 24 hours.)
TEST DATA AND REQUES IL WELL (Test must be after r ate First New Oil Run To Tank ingth of Test itual Prod. During Test AS WELL itual Prod. Test - MCF/D iting Method (pilor, back pr.) L. OPERATOR CERTIFIC/ I hereby certify that the rules and regula	CAS CAS CAS CAS COLORED COLORED COLORED COLORED COLORED CATE OF COLORED	LLOWA al volume of aure sure st COMPL	BING SIZE BLE (load oil and n	P CC W	e equal to or roducing Me Casing Pressur Vater - Bbls. Ibls. Condens asing Pressur	DEPTH SET	wable for thi	SAC SAC Sac and the second second second second second sec	Ull 24 hours.)
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TEST DATA AND REQUES IL WELL (Test must be after r ate First New Oil Run To Tank ingth of Test itual Prod. During Test AS WELL itual Prod. Test - MCF/D iting Method (pilot, back pr.) L. OPERATOR CERTIFIC/ I hereby certify that the rules and regular Division have been complied with and th	CAS CAS CAS CAS CAS CAS CAS CAS COLONIC CAS CAS COLONIC CAS CAS CAS CAS CAS CAS CAS CAS CAS CAS	LLOWA al volume of aure sure st COMPL il Conservat	BING SIZE BLE (load oil and n	P CC W	e equal to or Froducing Me Casing Pressur Vater - Bbls. Obls. Condense Sasing Pressur	DEPTH SET	wable for thi np, gas lift, d SERVA	SAC SAC Sac and the second second second second second sec	VISION
. TEST DATA AND REQUES IL WELL (Test must be after r ate First New Oil Run To Tank ringth of Test tural Prod. During Test AS WELL tural Prod. Test - MCF/D ting Method (pirot, back pr.) L OPERATOR CERTIFIC/ I hereby certify that the rules and regular Division have been complied with and the is true and complete to the best of my br Signature	CAS CAS CAS CAS CAS CAS CAS CAS COLONIC CAS CAS COLONIC CAS CAS CAS CAS CAS CAS CAS CAS CAS CAS	LLOWA al volume of aure sure st COMPL il Conservat	BING SIZE BLE (load oil and n	P CC W	e equal to or Froducing Me Casing Pressur Vater - Bbls. Ibls. Condens asing Pressur O Date A	DEPTH SET	wable for thi np. gas lift, a SERVA	Choke Size Gravity of Conde Choke Size	VISION
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. TEST DATA AND REQUES IL WELL (Test must be after r ate First New Oil Run To Tank ringth of Test tural Prod. During Test AS WELL tural Prod. Test - MCF/D ting Method (pirot, back pr.) L OPERATOR CERTIFIC/ I hereby certify that the rules and regular Division have been complied with and the is true and complete to the best of my br Signature	CAS CAS CAS CAS CAS CAS CAS CAS	LLOWA LLOWA LLOWA LUI LLOWA LUI LUI LUI LUI LUI LUI LUI LUI	BING SIZE BLE (load oil and n) LANCE ica above	P CC W	e equal to or Froducing Me Casing Pressur Vater - Bbls. Ibls. Condens asing Pressur O Date A	DEPTH SET	SERVA	Gravity of Coadd Choke Size Gravity of Coadd Choke Size TION DIN DEC 19 Keutz	VISION

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.
Senarata Form C-104 must be filed for each need to multiplicate and the section of the section of the section.

Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 83240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Anec, NM 87410 I. Operator Hal J. Rasmussen Ope	Energy, Minerals and Na OIL CONSERV P.O. I Santa Fe, New M REQUEST FOR ALLOWA TO TRANSPORT O	New Mexico Itural Resources Department ATION DIVISION Box 2088 Mexico 87504-2088 BLE AND AUTHORIZATIO LAND NATURAL GAS	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page N ell API No.	
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change in Transporter of: Oil Dry Gas Casinghtad Gas Condensate Condensate Condensate Condensate AND LEASE Well No. Pool Name, Include	Change in name Change in name all, Suite 600, Midland Ling Formation (Pro Gas) Ki	d, Texas 79701 nd of Lease Lease No. ate, Federal or Feo	
Location Unit LetterF Section 15 Towns ¹ III. DESIGNATION OF TRAI Name of Authorized Transporter of Oil		E ,NMPM, Lea	County	
Name of Authorized Transporter of Casin El Paso Natural Gas If well produces oil or liquids, give location of tanks. If this production is commingled with that IV. COMPLETION DATA	Company		ved copy of this form is to be sent) exas 799978 nen ?	
Designate Type of Completion Date Spudded Elevations (DF, RKB, RT, GR, etc.) Perforations	Date Compl. Ready to Prod. Name of Producing Formation	New Well Workover Deeper	a Plug Back Same Res'v Diff Res'v P.B.T.D. Tubing Depth Depth Casing Shoe	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT	
OIL WELL (Test must be after) Date First New Oil Run To Tank Length of Test Actual Prod. During Test	ecovery of total volume of load oil and must Date of Test Tubing Pressure Oil - Bbls.	be equal to or exceed top allowable for Producing Method (Flow, pump, gas lift Casing Pressure Water - Bbls.	s depth or be for full 24 hours.) tc) Choke Size Gas- MCF	
GAS WELL Actual Prod. Test - MCF/D Testing Method (pilos, back pr.)	Length of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate Choke Size	
Signature <u>Wm. Scott Ramsey</u> Printed Name <u>July 13, 1989</u> Date	ations of the Oil Conservation that the information given above	Date Approved ByORIGINAL SIGN DISTRICT Title	ATION DIVISION AUG 2 1 1989	

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Separate Form C-104 must be filed for each pool in multiply completed wells.

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Hal J. Rasmussen Ope	rating, Inc.		Well API No.
Address	te 5850, Midland, Texas	79705	L
Reason(s) for Filing (Check proper bax)		X Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion Change in Operator		Change in name	2
If change of operator give name	Casinghead Gas Condensate J. Rasmussen, 306 W. Wa	all Suite 600 Midle	and Texas 79701
and address of previous operator <u>Hall</u>		all, Sulle 000, Midia	
II. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, Inclu	ding Formation Queen GB-	
State A Ac 1		attix Seven Rvrs	Kind of Lease Lease No. State, Federal or Fee
Location		1/50	
Unit LetterF	: <u>1650</u> Feet From The	North Line and 1650.	Feet From The West Line
Section 15 Townsh	nip 23 S Range 36 1	E , NMPM.	Lea
TH DESIGNATION OF TRAN			County
Name of Authorized Transporter of Oil	NSPORTER OF OIL AND NATI		pproved copy of this form is to be sent)
Texas New Mexico Pip		Box 42130 Houston,	Texas 77242
Name of Authonized Transporter of Casin El Paso Natural Gas		Address (Give address to which a Box 1492, El Paso,	pproved copy of this form is to be sent) Texas 79978
If well produces oil or liquids,		L Is gas actually connected?	When ?
give location of tanks.			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give commin	gling order number.	
	Oil Well Gas Well	New Well Workover De	epen Plug Back Same Res'v Diff Res'v
Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	
	Date COL pl. Ready to Flot	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	1	<u> </u>	Depth Casing Shoe
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUE	ST FOR ALLOWABLE		
OIL WELL (Test must be after 1	recovery of total volume of load oil and mus		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, go	us lift, etc)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Astual Dead Dealer Test			
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	G25- MCF
GAS WELL	·	_ <u></u>	I
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
a construction (based care by)		Courte (Sum-III)	
VI. OPERATOR CERTIFIC I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my l	ations of the Oil Conservation that the information given above knowledge and belief.	Date Approved	RVATION DIVISION AUG 2 1 1989
Signature	men	ByORIGI	NAL SIGNED BY JERRY SEXTON
Wm. Scott Ramsey Printed Name	General Manager		DISTRICT I SUPERVISOR
<u>July 13, 1989</u>	915-687-1664	Title	· · · · · · · · · · · · · · · · · · ·
Date	Telephone No.		
Date		Pula 1104	

with R 1104

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