			-			
Submit 5 Copies		State of N	lew Mexico			
Appropriate District Office	Energy, N		tural Resources Department	it	Form C-104 Revised 1-1-89	
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION				See Instructions at Bottom of Page	
DISTRICT II P.O. Drawer DD, Arlesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM \$7410			BLE AND AUTHORIZ			
•			LAND NATURAL GAS			
Operator				Well	API No.	
Hal J. Rasmussen Oj Address				30	0-025-10730	
Six Desta Drive, Su Reason(s) for Filing (Check proper box)	uite 5850, Mic	<u>dland, Texa</u>	s 79705 Other (Please explain	.		
New Well		Transporter of:		/		
Recompletion Change in Operator	Oil U Casinghead Gas	Dry Gas XX				
f change of operator give name and address of previous operator						
I. DESCRIPTION OF WELL	ANDIFASE					
Lesse Name	Well No.	Pool Name, Includ		s) Kind	of Lesse No.	
State A Ac 1	31	Jalmat	Tansill Yt. Sev	7. (Suite, 	Federal or Fee	
Unit LetterH	_: <u>1650</u>	.Feet From The No	orth_Line and99()F	et From TheEastLine	
Section 15 Townshi	ip 23 S	Range	36 E , NMPM.	Lea		
	••• •• •• ••		, trivit ivi,		County	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF O			approved	copy of this form is to be sent)	
Name of Autoria 197						
Name of Authorized Transporter of Casin XCel Gas Co.	ghead Gas 🔛	or Dry Gas 🗶	Address (Give address to which Six Desta Drive,	<i>approved</i> Suite	copy of this form is to be sent) 5800, Midland, Tx 79705	
If well produces oil or liquids, five location of tanks.	Unit Soc.	Twp. Rge	Is gas actually connected?	When	7 , ,	
f this production is commingled with that	from any other lease or	Dool. give comming	yes		12/1/89	
V. COMPLETION DATA						
Designate Type of Completion	- (X)	Gas Well	New Well Workover	Deepen	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	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				······································	
		BING SIZE	DEPTH SET		SACKS CEMENT	
/. TEST DATA AND REQUES			be equal to or exceed top allows		· · · · · · · · · · · · · · · · · · ·	
Date First New Oil Run To Tank	Date of Test	oj 1000 ou BAD MISI	Producing Method (Flow, pump	, gas lift, e	i depih or be for full 24 hours.)	
Length of Test	Tubing Pressure		Casing Pressure Chok		Choke Size	
Actual Prod. During Test	Oil - Bbls.		Waler - Bbls.		Gas- MCF	
GAS WELL	±	····	L		J	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut-	ia)	Casing Pressure (Shut-in)		Choke Size	
/L. OPERATOR CERTIFIC.		TANOP	 			
I hereby certify that the rules and regula	ations of the Oil Conserv	ation	OIL CONS	ERVA	ATION DIVISION	
Division have been complied with and t is true and complete to the best of my k	that the information give	a above	.	וח	EC 1 9 1989	
Signature			ByGeologica			
Jay Cherski Agent Printed Name				G	eologist	
12/11/89 915-687-1664			Title	<u> </u>		
Date		actes ING.		•		
INSTRUCTIONS: This form 1) Request for allowable for r with Rule 111.	newly drilled or dee	pened well must	t be accompanied by tabula	ation of c	izviation tests taken in accordance	

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) Set acute Form Collocation to be filled for each nuclinary multiply completed wells.