Submit 5 Copies
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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Ariec, NM \$7410

REQUEST FOR ALLOWABLE AND AUTHORIZATIO	N
TO TRANSPORT OIL AND NATURAL GAS	

l.		OTHAI	NSP	OHI OIL	AND NA I	UHAL GA					
Operator						Well API No.					
Address	Hal J. Rasmussen Operating, Inc. 30-025-23224										
Six Desta Drive, Su	ite 58 <u>5</u>	O, Mid	land	, Texas	79705						
Reason(s) for Filing (Check proper box)			_	_	Othe	s (Please expla	in)				
New Well Change in Transporter of: Recompletion Oil Cir Dry Gas											
Change in Operator		1 G24 🔲									
If change of operator give name						· · · · · · · · · · · · · · · · · · ·					
and address of previous operator											
II. DESCRIPTION OF WELL A	AND LEA		Pool N	lame. Includi	ng Formation	(Pro Ga	as) Kind o	V Lesso	1	ease No.	
State A Ac 1		Well Na.	Jа	lmat T	ansill	Yt SR	Sue	Federal or Fe			
Location	2.1	7 3			West	2 and	67		Sout		
Unit Letter	• •		-Feel F			20d		et From The		Line	
Section 4 Township 23 S Range 36 E , NMPM, Lea County											
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS											
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Caringhead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) XCel Gas Co. Address (Give address to which approved copy of this form is to be sent) Six Desta Drive, Suite 5800, Midland, Tx 7970										ע <i>א</i>) Ix 79705	
If well produces oil or liquids, pive location of tanks.	Unit	Soc.	Twp	Rge	ls gas actuall	y connected?	When		1		
If this production is commingled with that i	<u>l</u>			ius comminal	yes			(2)	184		
IV. COMPLETION DATA	iom any om	er rerse or i	pui, g	As community	ing order many		 -				
Designate Type of Completion	· (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dist Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations								Depth Casin	Depth Casing Shoe		
								<u> </u>			
110150175					CEMENTING RECORD			1	210/205/15/5		
HOLE SIZE	CA	SING & IL	BING	SIZE	DEPTH SET SACKS CEMEN					ENI	
					 -			<u> </u>			
VI MOOTE DATE AND DECAUSE	TE FOR	VI OW	ADTY		<u> </u>			<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after r.					t be equal to or	exceed top all	owable for thi	s depih or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te		0, 1000	. 04 6/22 //1201		ethod (Flow, p			<u>,,</u>		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Luga w 102	Tuoing Pressure										
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pital, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
						·		<u> </u>	-		
VL OPERATOR CERTIFIC	ATE O	COMI	PLIA	NCE			JOEDY	ATION	חווופוכ	SNI -	
I hereby certify that the rules and regulations of the Oil Conservation					11 '	OIL CONSERVATION DIVISION. DEC 1 9 1919					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.											
II Date Approved											
Jy Church						By Orig. Signed by Paul Kauts Coologist					
Signature Jay Cherski Agent						By Origin Kauth Geologist					
Printed Name			Title	<i></i>	Title						
Dala 2 1 (8 5		915-687 Tel	-16								
					_11						

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.