

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

| | | |
|---|--|------------------------------|
| Operator Hal J. Rasmussen Operating, Inc. | | Well API No. 20-025-24635 |
| Address 6 Desta Drive, Suite 2700, Midland, TX 79705 | | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|---------------|--|---|---------------------|
| Lease Name Ares State | Well No. 1 | Pool Name, Including Formation Jalmat-Insl-Yts-7R | Kind of Lease (State) Federal or Fee | Lease No. B-1431 |
| Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 16 Township 23S Range 36E , NMPM, Lea County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|---|--|------|------|-----------------------------------|------------------|
| Name of Authorized Transporter of Oil Texas New Mexico Pipeline | or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) Box 42130, Houston TX 77042 | | | | |
| Name of Authorized Transporter of Casinghead Gas XCEL Gas Co. | or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 6 Desta Drive, Suite 5700, Midland, TX 79705 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? Yes | When? 1/28/91 |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|---|--|---------------|-----------------|---------------|--------|-------------------|------------|-----------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well X | New Well | Workover X | Deepen | Plug Back X | Same Res'v | Diff Res'v X |
| Date Spudded | Date Compl. Ready to Prod. 2/6/91 | | Total Depth | | | P.B.T.D. 3590' | | |
| Elevations (DF, RKB, RT, GR, etc.) 3442 GL | Name of Producing Formation Tansill-Yates | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations 3128-3208' | | | | | | Depth Casing Shoe | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| SEE ORIGINAL COMPLETION | | | | | | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

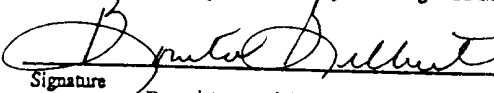
| | | | |
|--------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |

GAS WELL


| | | | |
|---|---------------------------|----------------------------|-----------------------|
| Actual Prod. Test - MCF/D 482 | Length of Test 24 hrs | Bbls. Condensate/MMCF 0 | Gravity of Condensate |
| Testing Method (pitot, back pr.) pitot | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. 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 is true and complete to the best of my knowledge and belief.

Signature 
Printed Name Bonita Gilbert
Date 1/20/91
Title Secretary
Telephone No. (915) 687-1664

OIL CONSERVATION DIVISION

Date Approved JAN 28 1991
By 
Title

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.

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

| | |
|--------------------------------------|--|
| WELL API NO. | 20-025-24635 |
| 5. Indicate Type of Lease | STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. | B-1431 |
| 7. Lease Name or Unit Agreement Name | Ares State |
| 8. Well No. | 1 |
| 9. Pool name or Wildcat | Jalmat-Tns1-Yts-7R |

| | |
|---|--|
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) | |
| 1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | |
| 2. Name of Operator Hal J. Rasmussen Operating, Inc. | |
| 3. Address of Operator 6 Desta Drive, Suite 2700, Midland, TX 79705 | |
| 4. Well Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>23S</u> Range <u>36E</u> NMPM Lea County | |
| 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3442 GL | |

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- (1) Set CIBP above existing perfs @ 3590'.
- (2) Perforate Yates: 3128, 34,46,47,61,70,72,77,79,3204,06,08.
- (3) Acidize w/ 1100 gal. 15% NEFE
- (4) Frac w/ 795 bbls X-linked borate & 97,000# 12/20 sand.
- (5) POP.

Before: TA'd

After: Pump 22.4 bbls water
0.0 oil
482 mcf gas

Date Completed: 1/28/91

Date Of Test: 2/15/91

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Bonita Gilbert TITLE Secretary DATE 2/20/91
TYPE OR PRINT NAME Bonita Gilbert TELEPHONE NO. 915-687-1664

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE 2/20/91

CONDITIONS OF APPROVAL, IF ANY:

3A Langley Matti

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RECH/CO

FEB 23 1971

HOBBE