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 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

I.						BLE AND AUT . AND NATUR			•			
Openior Hal J. Rasmussen Operating, Inc.								Weil	APINO 30-025-24865			
Address Six Desta Drive, Suite			d. Te	vxas .	79	705		!		<u>U ~ J ~ A</u>	· 70 G/3	
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghe	Change in		rter of:)]	Other (Ple	ase expla	in)				
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL A	AND LE	ASE									•	
Lesse Name Àres State	Well No. 2 Pool Name, Including Jalmat T-Y				ng Formation -SR		Kind c: Lease Lease No. State, Federal or Fee B-1431					
Location	_									_		
Unit Letter H		980	_ Feet Fr	om The		N Line and .			et From The	<u>E</u>	Line	
Section 16 Township	23 5		Range	36	E	, NMPM,	Le	e a			County	
III. DESIGNATION OF TRANS	SPORTE	ER OF O	IL AN	D NAT	CUI							
Name of Authorized Transporter of Oil X or Condensate Sun Refining & Marketing Co.						Address (Give address to which approved copy of this form is to be sent) P.O. Box 2039, Tulsa, Ok 74102						
Name of Authorized Transporter of Casinghead Grs X or Dry Gas						Address (Give addr	ess to whi	ch approve	copy of this	form is to be se	nt)	
El Paso Natural Gas Company						P.O. Box 1492, El Paso, Texas 79978						
If well produces oil or liquids, give location of tanks.	Unit	S∞.	Twp	j Rj	ge.	Is gas actually conn	octed?	When	7			
If this production is commingled with that for IV. COMPLETION DATA	rom any od	her lease or	pool, giv	e commi	ngli	ing order number:						
Designate Type of Completion -	(X)	Oil Well		Gas Well		New Well Wor	kover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth	•		P.B.T.D.	*	.	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe			
·		TUBING,	CASIN	NG AN	D	CEMENTING R	ECORI)	<u></u>			
HOLE SIZE CASING & TUBING SIZE						DEP		SACKS CEMENT				
					\dashv							
V. TEST DATA AND REQUES	r rop /	MIOW	ARIE									
OIL WELL (Test must be after re				il and m	ust i	be equal to or exceed	i top allo	vable for thi	s depih or be	for full 24 how	·s.)	
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 - Bb's.				Water - Bblt.			Gas- MCF				
GAS WELL									<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/M	MCF	· · · - · · · · · · · · · · · · · · · ·	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Intenie (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICA	TE OF	COMP	LIAN	CE	\dashv				<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved 00				4 198	9	
LAM Scott Karners						By PRIGINAL SIGNED BY JERRY SEXTON						
Signature Wm. Scott Ramsey General Manager Printed Name Title								DISTRI	CT TUPER	VIZOR		
Printed Name						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.