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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, Arletia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		,	•	= "	exico 8750			;			
I.	REC					AUTHORII TURAL GA		•			
Operator						1011/12 0/	Well	API No.			
Hal J. Rasmussen Oper	ating,	Inc.			3002524980						
Six Desta Drive, Suit Reason(s) for Filing (Check proper box)	e 5850	, Midla	and, T	exas 7		- (Pl		···			
New Well		Change i	п Тгавгро	rter of:		es (Please explo	(וענ				
Recompletion	Oil		Dry Ga	_							
Change in Operator		ead Gas 🗓									
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LI										
Lease Name	ing Formation			of Lesso		esse No.					
Ares State	Ares State 3 Jalmat T-Y							ADEROCK NO DAK	B-1	1431	
Unit Letter B	:3	30 ⁻	_ Feet Fr	om The	North Line	23:	10 F	eet From The	East	Line	
Section 16 Townshi	ip 23	S	Range	36	E N	мрм,	Lea				
	·					MrM,		- <u></u>		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORT	ER OF Conde		D NATU							
Sun Ref & marketin	¸ 🗀 -	or Code	HEALB		Voolett (CIN	e adaress to wh	uch approve	d copy of this form	is to be se	ini)	
Name of Authorized Transporter of Casin		[XX]	or Dry	Gas 🗍	Address (Giv	e address to wh	ick approve	d copy of this form	ie to be e		
Xcel Gas Co.		میت									
If well produces oil or liquids, give location of tanks.	Unit	S∞.	Twp	Rge	Six Desta Drive, Suite 5800 ge. Is gas actually connected? When?					-	
If this production is commingled with that	from any c	ther lease of	r pool, giv	e comminel	ing order numb	жг.					
IV. COMPLETION DATA	<u> </u>										
Designate Type of Completion	- (X)	Oil We	u l c	Jas Well	New Well	Workover	Deepen	Plug Back San	ie Res'v	Dist Res'v	
Date Spudded		npl. Ready I	o Prod		Total Depth		!	P.B.T.D.			
								1			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	omation		Top Oil/Gas I	Pay		Tubing Depth			
Perforations	1		•		l			Depth Casing Shoe			
LIOUT 0175						NG RECORU	D				
HOLE SIZE CASING & TUBING S				IZE	ļ .	DEPTH SET		SACKS CEMENT			
	 										
	 							- 		-	
						-					
V. TEST DATA AND REQUES									,		
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of T		of load o	il and must		exceed top allo thod (Flow, pu			11 24 how	उ.)	
	Date of 1	£#			Fromidal Me	uiou (<i>riow, p</i> iz	ութ, քու ւկւ,	ue.j			
Length of Test	Tubing P	essure			Casing Pressu	ге		Choke Size			
Actual Prod. During Test	 	·						200 1/05			
Actual Frod. During Test	Oil - Bbli	.			Water - Bbis.			Gas- MCF			
GAS WELL										·	
Actual Prod. Test - MCF/D	Length of	Test			Bbls, Condensate/MMCF Casing Pressure (Shut-in)			Gravity of Condensate			
	100000							Ook Size			
Testing Method (pitot, back pr.)	I morning 14	ressure (Shu	i-in)		Cating Pressu	re (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIAN	CE	_			<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation						IL CON	SERV	ATION DIVISION			
Division have been complied with and is true and complete to the best of my l		DEC 1	9 10	989							
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Los ucuci.			Date	Approved	.	DEU.		, <u> </u>	
<u> </u>	<u> </u>		__/		n			Orig. Sign	ned by		
Signature Jay Cherski		Ager			Ву			Paul K Geolog	autz		
Printed Name		- 5	Title		Title_			C460108	120		
12-11-89 Date			687-1		''		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
<i>₽</i> 215	16										

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.

RECEIVED

DEC 15 1989 DEC OCD HOBBS OFFICE

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u>. </u>		<u> 10 TRA</u>	NSP	ORT OIL	<u> AND NA</u>	TURAL GA	\S					
Openior Hal J. Rasmussen Operat	Well API No. 30 025 24 9					1981						
Address Six Desta Drive, Suite	5850	Midlan	d т	ovac 70	705		 		7	700		
Reason(s) for Filing (Check proper box)	3630, 1	MIUIAN	u, 1	exas /3		es (Please expla	uia)	-				
New Well		Change in	Transp	orter of:	الله الله	a (i ieas equ	,					
Recompletion	Oil	☒	Dry G	as 🔲						,		
Change in Operator	Casinghea	d Gas ☐	Coade	nsate 🗌								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LEA	ASE								•		
Lesse Name Ares State								of Lease Federal or Fe	В-14	pase No.		
Location			<u> </u>				2310					
Unit Letter B : 330 Feet From The N Line and S21 Feet From The E Line												
Section 16 Township	. 3	6 E , NMPM, Lea Co.										
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil	[ŸŸ	or Conder			Address (Giv	e address to wh				nt)		
Sun Refining & Marketing Co. P.O. Box 2039, Tulsa, OK 74102 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent)										nt)		
El Paso Natural Gas Con						ox 1492,				-,		
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp	Rge.	Is gas actuall	y connected?	When	7				
If this production is commingled with that f	iom any oth	er lease or	pool, gi	ve comming	ing order num	ber:	L					
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion -		1			Total David	<u> </u>			<u>i</u>			
Date Sproned	tle Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.											
Elevations (DF, RKB, RT, GR, etc.)	1	Top Oil/Gas	Pay		Tubing Depth							
Perforations		 .	•		Depth Casing Shoe							
· · · · · · · · · · · · · · · · · · ·		TIDDIC	O L CT	NO 11/10	OE) CE) Imi	VA PROOP						
HOLE SIZE					CEMENTING RECORD DEPTH SET			SACKS CEMENT				
11000 0120	E CASING & TUBING SIZE					DEF IN SET		SAONS CEMENT				
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE		ļ			<u> </u>				
OIL WELL (Test must be after re					be equal to or	exceed top allo	wable for this	depth or be j	or full 24 how	·s.)		
Date First New Oil Run To Tank		Producing Method (Flow, pump, gas lift, v.c.)										
Length of Test	Tubing Pru	tente		-	Casing Press	ıre		Choke Size				
Actual Prod. During Test	Oil - Bbls.	-			Water - Bbls.			Gas- MCF				
			-									
GAS WELL												
Actual Prod. Test - MCF/D	Length of T	Tesi			Bbis. Conden	ELE/MMCF		Gravity of C	ondensate			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	NCE				l				
I hereby certify that the rules and regula	tions of the	Oil Conser	vation		OIL CONSERVATION DIVISION							
Division have been complied with and the is true and complete to the best of my to			en above	E	OCT 4 1989							
/ / was a single of the control of t					Date	Approved						
UM DOT TO	inevi				B							
Signature Wm. Scott Ramsey		neral l	Manac	er er	By				LIERRY SE	XTON		
Printed Name		5-687-			Title	•	DIZ	TRICT 1 SU	PER VISOR			
9-29-89 Pale	915		1664 phone N	Jo.	''"				•			
~ max		1 616	hveng t	~ ,	J1					_		

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- 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.

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

RECHEST FOR ALLOWARI E AND ALITHOPIZATION

I.						ATURAL G						
Operator	L AND IN	TURAL G		ÀPI No.								
Hal J. Rasmussen Oper	J. Rasmussen Operating, Inc.								30-025-24980			
Address	o 5050	Madle:	- J To		70705		_			-7 70 0		
Six Desta Drive, Suit Reason(s) for Filing (Check proper box)	E 2020 -	Midia	na, re	xas		her (Please expl	\					
New Well	(Thange in T	ransporter o	nf•		ner (Piease expli	(אינ					
Recompletion	Change in Transporter of: Oil Dry Gas											
Change in Operator	Casinghead		Condensate	$\bar{\sqcap}$								
If change of operator give name					1333 Mi	dland, Te	707	02				
			г.о. в	<u> </u>	1322, MI	uranu, re	:xas /9/	02		 ,		
II. DESCRIPTION OF WELL							- · · · · · · · · · · · · · · · · · · ·					
Lease Name Ares State	\	Well No. P						of Lease	B-143	ease No.		
Location				L 1-	-1-3K		SIZIE	Federal or Fee	D-143)T		
Unit Letter B	. 33	0 -	eet From T	. .	N ,	231	<i>O</i> _		E			
	23 6						Lea	et From The		Line		
Section 16 Townshi	p 23 S	R	ange 36	<u> </u>	, N	ІМРМ,	Lea			County		
III. DESIGNATION OF TRAN				<u>A</u> TU	RAL GAS							
Name of Authorized Transporter of Oil		r Condensal			Address (Gi	ve address to wh				•		
Scurlock Oil Company						aughn Bui						
Name of Authorized Transporter of Casing	-	X o	Dry Gas			ve address to wh				ent)		
El Paso Natural Gas C If well produces oil or liquids,		T	wp.	D	 			Texas 79978				
give location of tanks.	I A I			36	1 -	ly connected?	When	7-9-74				
If this production is commingled with that	from any other				ing order num	ber:			- /			
IV. COMPLETION DATA												
Designate Type of Completion	- (X)	Oil Well	Gas W	/cll	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Date Spudded	Date Compl.	Ready to Pr	od.		Total Depth	1		P.B.T.D.		<u> </u>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				1	Top Oil/Gas	Pay		Tubing Depth				
Perforations					<u> </u>	-11		Depth Casing S	hoe			
	TU	BING, C.	ASING A	ND	CEMENTI	NG RECORI)					
HOLE SIZE						DEPTH SET		SAC	CKS CEM	ENT		
					·							
	ļ <u>.</u>						·					
							 					
. TEST DATA AND REQUES	T FOR AL	LOWAR	LE	!	*****							
				l must l	be equal to or	exceed top allor	vable for this	depth or be for	full 24 hour	e 1		
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)											
Length of Test	th of Test Tubing Pressure				Casing Pressu	ire	į	Choke Size				
ctual Prod. During Test Oil - Bbls.			Water - Bbls.			Gas- MCF						
								•				
GAS WELL								·-·				
Actual Prod. Test - MCF/D	Length of Tes	t			Bbls. Conden	sale/MMCF		Gravity of Cond	cnsale			
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size						
canng triculat (past, tack pr.)	ruoing ricesu	ie (Siluem)		İ	Casing Freeso	ire (Silut-III)		Choke Size				
/I. OPERATOR CERTIFIC	ATE OF C	OMPI T	ANCE						 -			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 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							
1/2 Som P					ORIGINAL SIGNED BY JERRY SEXTON							
Signature Col Mamou	2			-	ByDISTRICT I SUPERVISOR							
Wm. Scott Ramsey	Gen	eral Ma		_								
Printed Name		Tit			Title_							
June 1, 1989 Date	915	<u>-687-17</u> Telephor		-			 					

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