<u></u> ``.										1	
Submit 5 Copies Appropriate District Office DISTRICT I	State of New Mexico Energy, Minerals and Natural Resources Department								Form C-104 Revised 1-1-89 See Instructions		
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION						N	at Bottom of Page			
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	RICT II Drawer DD, Artesia, NM 88210 P.O. Box 2088										
DISTRICT III		Sa	inta Fe	, New M	exico 875	04-2088					
1000 Rio Brazos Rd., Aztec, NM 87410						AUTHORI					
I. Operator		TOTRA	ANSP	ORT OIL	AND NA	TURAL G		API No.			
Hal J. Rasmussen Operating, Inc.											
Six Desta Drive, Sui	te 5850), Mid]	and,	Texas							
Reason(s) for Filing (Check proper bax) New Well		Change in	n Transpo	orter of:	<u> 7</u> Ол	es (Please expl	sin)				
Recompletion	Oil		Dry G		Cl	hange in	name				
Change in Operator		ad Cas			11 Suit	te 600, M	lidland	Texas	79701		
• •			1, 50	<u>0 w. wa</u>	111, SUI	Le 000, r		16,43			
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation								Kind of Lease No.			
State A Ac 1 Location		113	Jal	mat Tar	nsill Yt	SR	State,	Eggebenetiste Flor			
Unit Letter	_ :	990	_ Feet Fi	rom The	South	9 and	90 Fe	et From The	East	Line	
Section 21 Township	23	S	Range	36 E	, N	мрм,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	Ľ	or Conder			Address (Giv	e address to wh 130, House				u)	
Texas New Mexico Pipe Name of Authonized Transporter of Casing	<u>line</u> Co ghead Gas	<u>o.</u>	or Dry	Gas [e address to wh				u)	
El Paso Natural Gas C If well produces oil or liquids.	Co				Box 1492, El Paso, Texa			s 79978			
give location of tanks.	Unit	Soc. 	Tup.	l Rge.	Is gas actually connected? When			•			
If this production is commingled with that t IV. COMPLETION DATA	from any od	her lease or	pool, giv	ve comming	ling order num	ber:					
Designate Type of Completion	- (X)	Dil Well		Gas Well	New Well	Workover	Deepen I	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.	···· · _ ·	Total Depth	J	<u> </u>	P.B.T.D.	L	4	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMENTING RECORD DEPTH SET			SACKS CEMENT			
								<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hour.	r.)	
Date First New Oil Run To Tank	Date of 'i's		<u></u>			thod (Flow, pu				·	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
- 								!			
GAS WELL	Length of	Test		. <u></u>	Bbls. Conden	Fate/MMCF		Gravity of C	ondensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC.	ATE OF	COMP	LIAN	ICE							
I hereby certify that the rules and regulations of the O.1 Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is the and complete to the best of my knowledge and kellef.					Date Approved AUG 2 1 1989						
Was Scott Kanning					ORIGINAL SIGNED BY JERRY SEXTON						
Signature Wm. Scott Ramsey General Manager					By_		DISTRI	CT SUPER	VISOR	<u> </u>	
Printed Name Title					Title.						
July 13, 1989 Date	<u>-</u>		phone N								
INSTRUCTIONS. This form	•			•			•	•			

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.

All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED AUG 17 1959 050 H996504FFCE

•