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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

DISTRICTI

OIL CONSERVATION DIVISION

P.O. Drawer DD, Artena, NM 88210		~				OX 2088								
DISTRICT III		2:	anta .	re, N	lew M	lexico 8	7504	-2088						
1000 Rio Brazos Rd., Aztec, NM 87410	REQ'	UEST F	OR.	ALLO	AWC	BLE AN	D A	JTHOR	IZATIO	4				
I.						LAND				•				
Operator									We	II API No.	API No.			
<u>Hal J. Rasmussen Ope</u>	rating,	Inc.			·			· · · · · · · · · · · · · · · · · · ·		30-025-	30654			
Six Desta Drive, Sui	te 2700). Midl	and	Те	Yae	79705								
Reason(s) for Filing (Check proper box)	2700	<u> </u>	and	, 10	saas		Other	Please exp	lain)		·· ·····	· · · · · · · · · · · · · · · · ·		
New Well		Change is			of:	_		•	•					
Recompletion X	Oil	<u>_</u>	Dıy		Ц									
Change in Operator	Caringhe	ad Gas	Cond	densate	<u> </u>	: 								
and address of previous operator		 												
II. DESCRIPTION OF WELL	AND LE	ASE												
Lesse Name	Pool	Pool Name, Including Formation						Kind of Lease Leas						
State A A/C 1					at Tr					e Federal or)Federal or Fee			
Location		_								·				
Unit LetterL	_ : <u>21</u>	l. 6 0	. Feet	From 7	The	South r	ine an	ad66	60	Feet From Th	West	Line		
Section 13 Townshi	in 23	S		2	36 E		*	. •	Lea					
Section 13 Iownshi	<u>p 20</u>		Rang	(e ~	00 15		NMP	м,	Lea	···		County		
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND N	IATU	RAL GA	S							
Name of Authorized Transporter of Oil		or Conder	sate	<u> </u>	<u>า</u>	Address (C	ive a	deress to w	hich approv	ed copy of thi	s form is to be	sent)		
Texas New Mexico Pip			. L		Box 42130 - Houston, Te				exas 77					
Name of Authorized Transporter of Casing	e of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is							
XCEL Gas Co.	1								e, Suit	e 5800,	Midland	, Tx 7970		
If well produces oil or liquids, give location of tanks.	Unit	S∞c.	Twp	ŀ	Rge.	ls gas actu	-		l Wh					
this production is commingled with that	fmm any orb	es lesse os				 	Yes	3		11	/07/90			
V. COMPLETION DATA	nom any on	ici lease or	poot, g	ave co	unnuði	ing onter nu	mber:							
		Oil Well	\neg	Gas V	Vell	New We	u w	orkover	Deepen	Plug Baci	k Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	i	i			i	i							
Date Spudded	ol. Ready to	Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.				
70 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		/07/90									3450			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fo Zates	rmatio	O.		Top Oil/Gas Pay 2976			Tubing Depth 2975					
erforations	ales				2370				Depth Casing Shoe					
2976, 94, 96, 3022,	24, 61,	63, 3	100	, 01	, 46	6, 64,	66,	80, 82	2 .	D. J	ing onoc			
						CEMENTING RECORD								
HOLE SIZE		CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
	Origin	riginal Complet:				on								
	 					· · · · · ·								
. TEST DATA AND REQUES	T FOR A	LLOWA	RI.E			L								
_					d must i	be equal to a	or exc	ed top allo	wable for th	is depth or be	for full 24 hos	ers.)		
IL WELL (Test must be after recovery of total volume of load oil and must bate First New Oil Run To Tank Date of Test							Producing Method (Flow, pump, gas lift, etc.)							
ength of Test	Tubing Pres	ente				Casing Pres	sure			Choke Siz	8			
	Oil - Bbls.							<u> </u>						
ctual Prod. During Test					Water - Bbls.			Gas- MCF						
	<u>L</u>													
GAS WELL														
cual Prod. Test - MCF/D	Length of Test					Bbls, Condensate/MMCF				Gravity of	Gravity of Condensate			
662	24 hours					0				<u> </u>	 Choke Size			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size	Close Size			
Back Pr.	A PRES 65					ſ 								
I. OPERATOR CERTIFICA				NCE			\bigcirc II	CON	SERV	ΆΤΙΩΝ	DIVISIO	M		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						ł	OIL.	- 0014						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Dat	Date Approved							
						Dat	A W	phiose(J	ع چس≃ر تر چ				
Jay Cheroke	·····					D.					w g			
Signature 0 V Jay Cherski	Engineer					Бу-					- 157 - 157	,		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

11/27/90 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

915-687-1664 Telephone No.

- 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.