

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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator HAL J. RASMUSSEN OPERATING, INC.		Well API No. 50-025 30999
Address Six Desta Dr., #2700, Midland, Texas 79705		
Reason(s) for Filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	<input type="checkbox"/> Other (Please explain)	
Recompletion <input type="checkbox"/>	Change in Transporter of:	
Change in Operator <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <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 State A A/C 1	Well No. 123	Pool Name, Including Formation JALMAT T-Y-SR	Kind of Lease (State, Federal or Fee)	Lease No.
Location				
Unit Letter N	: 990	Feet From The S	Line and 2250	Feet From The West
Section 9	Township 23-S	Range 36F	NMPM, LEA	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
TEXAS NEW MEXICO PIPELINE		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
XCEL GAS CO.		
If well produces oil or liquids, give location of tanks.	Unit	Soc.
	Twp.	Rge.
		Is gas actually connected? YES
		When? 12/14/90

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 XXX	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/16/90	Date Compl. Ready to Prod. 12/12/90		Total Depth 3800		P.B.T.D. 3800			
Elevations (DF, RKB, RT, GR, etc.) 3485 GL	Name of Producing Formation YATES		Top Oil/Gas Pay 2982		Tubing Depth			
Perforations 2982 - 3177					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4	10 3/4		374		300			
8 1/2	7		3800		490			

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 20	Length of Test 24 hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate
Testing Method (pilot, 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
Date
Title
Telephone No.

OIL CONSERVATION DIVISION

Date Approved
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.