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Appropriate District Office  
DISTRICT I  
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DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Hal J. Rasmussen Operating, Inc.</u>		Well API No. <u>30-025-09045</u>
Address <u>Six Desta Drive, Suite 2700, Midland, Texas 79705</u>		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	<input type="checkbox"/> Other (Please explain)	
Recompletion <input checked="" 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 <u>State A A/C 1</u>	Well No. <u>50</u>	Pool Name, Including Formation <u>Jalmat-Tns1-Yts-7R</u>	Kind of Lease <u>State</u> , Federal or Fee	Lease No.
Location				
Unit Letter <u>0</u>	: <u>660</u>	Feet From The <u>South</u> Line and <u>1980</u>	Feet From The <u>East</u> Line	
Section <u>24</u>	Township <u>23 S</u>	Range <u>36 E</u>	NMPM, Lea	County

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas New Mexico Pipeline</u>	<u>Box 42130, Houston, Tx 77242</u>
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)
<u>XCEL Gas Co.</u>	<u>Six Desta Dr., Suite 2700, Midland, Tx 79705</u>
If well produces oil or liquids, give location of tanks.	Unit Soc. Twp. Rge. Is gas actually connected? When?
	Yes <u>3-4-90</u>

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	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. <u>3490</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3342</u>	Name of Producing Formation <u>Yates</u>	Top Oil/Gas Pay <u>2957</u>	Tubing Depth <u>2938</u>					
Perforations <u>2957-3226</u>			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
	<u>2 3/8 tbg</u>	<u>2938</u>						

### 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 <u>876</u>	Length of Test <u>24 hrs.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate
Testing Method (pilot, back pr.)	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.

Nona Hopkins  
Signature  
Nona Hopkins  
Printed Name  
8/23/90  
Date  
915-687-1664  
Telephone No.  
Secretary  
Title

### 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 multiple completion.