Submit 5 Copies
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, Artesia, NM 88210

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

I.	REQU					AUTHORIZ TURAL GA	NS .				
Operator HAL J. RASMUSSEN OP	PERATING INC.						Well API No. 30-025-23181				
Address			T r	· V A C 70°	701	- 1	•		<u> </u>		
310 WEST WALL, SUIT Reason(s) for Filing (Check proper box, New Well Recompletion Change in Operator	E 906, M Oil Casinghea	Change in 1	Fransp Dry G	orter of:	Oth	er (Please expla		ry 1, 1	993		
If change of operator give name and address of previous operator	LK ENERG	Y CORPO	RAT	ION, 16	525 LARI	MER ST.,	SUITE 2	403,DEN	VER, CO	80202	
II. DESCRIPTION OF WEL	L AND LE					····			·· · · · · · · ·		
Lease Name MC CALLISTER A		Well No.			ing Formation gh, Yates	-7 Rivers	State	of Lease Federal or Fe XXX		ease No. 30167-A	
Location Unit LetterA	: <u>66</u>	0	Feet I	From The	North Lin	e and660	<u>1330</u> Fe	et From The	East	Line	
Section 25 Town	ship 26	South_	Range	36 1	East ,N	MPM,	·····		LEA	County	
III. DESIGNATION OF TRA				ND NATU							
Name of Authorized Transporter of Oil	LJ	or Condens	ate		Address (Gi	ve address to wh	iich approved	copy of this f	form is to be s	ent)	
Name of Authorized Transporter of Car	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		or Dr	y Gas	Address (Gi	ve address to wh	iich approved	copy of this j	form is to be s	eni)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	Is gas actually connected? When			. ?			
If this production is commingled with th IV. COMPLETION DATA	at from any oth	ner lease or p	ool, g	ive comming	ling order nun	ber:					
Designate Type of Completic	on - (X)	Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
	TUBING, CASING AND				CEMENTING RECORD						
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
				• • • • • • • • • • • • • • • • • • • •				 			
V. TEST DATA AND REQU OIL WELL (Test must be afte									for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of Te	Date of Test				ethod (Flow, pu	mp, gas lift, e	etc.)			
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL					_ -			···			
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pro	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. The Operation Complete to the Dest of my knowledge and belief.					OIL CONSERVATION DIVISION Date Approved						
Signature Hal J. Rasmussen, President Printed Name Title					Title						
02-25-93 Date	(9	15) 687 Telep	-16 shone	54 No.							

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.