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Appropriate District Office
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P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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 Hal J. Rasmussen Operating, Inc.		Well API No. 30-025-31045
Address Six Desta Drive, Suite 2700, Midland, Texas 79705		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <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. 126	Pool Name, Including Formation Jalmat Tns1-Yts-7R	Kind of Lease <u>State</u> , Federal or Fee	Lease No.
Location				
Unit Letter <u>C</u> : <u>990</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</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) Box 42130 - Houston, Texas 77242	
Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Six Desta Drive, Suite 5800, Midland, Tx 79705	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Is gas actually connected? <input checked="" type="checkbox"/> When? <u>11/02/90</u>	
XCEL Gas Co.		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.

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
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 10/26/90	Date Compl. Ready to Prod. 11/11/90		Total Depth 3370		P.B.T.D. 3361			
Elevations (DP, RKB, RT, GR, etc.) 3349 G.L.	Name of Producing Formation Yates		Top Oil/Gas Pay 2947		Tubing Depth 2950			
Perforations 2947, 49, 60, 64, 70, 84, 96, 3015, 52, 54, 3110, 12, 32, 34					Depth Casing Shoe 3361			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
9 1/2	8 5/8		358		300			
7 7/8	4 1/2		3361		945			

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 132	Length of Test 24 hours	Bbls. Condensate/MMCF -----	Gravity of Condensate
Testing Method (prior, back pr.) Back Pressure	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.

Jay Cherski
Signature
Jay Cherski Engineer
Printed Name Title
11/27/90 915-687-1664
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved _____

By _____
Geologist

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.