

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

I.

Operator Hal J. Rasmussen Operating, Inc.	Well API No. 30-025-32274
Address 310 W. Wall; Suite 906; Midland, Texas 79701 (915) 687-1664	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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 Eaves B	Well No. 20	Pool Name, Including Formation Scarborough Yates Seven Rivers	Kind of Lease State (Federal) or Fee	Lease No. LC-030168B
Location Unit Letter <u>I</u> : <u>1414</u> Feet From The <u>South</u> Line and <u>429</u> Feet From The <u>East</u> Line Section <u>30</u> Township <u>26S</u> Range <u>37E</u> , NMPM. Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate EOTT Energy Corp.	<input checked="" type="checkbox"/> EOTT Energy Operating LP	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666; Houston, Texas 77210-4666
Name of Authorized Transporter of Casinghead Gas Sid Richardson Gasoline Co.	<input type="checkbox"/> Effective By 1994	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1226; Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks.	Unit 30	Sec. 26S
	Twp. 26S	Rge. 37E
	Is gas actually connected? Yes	When ?

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 XXX	Gas Well	New Well XXX	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/9/93	Date Compl. Ready to Prod. 10/29/93	Total Depth 3383'		P.B.T.D. 3345'				
Elevations (DF, RKB, RT, GR, etc.) 2938' GR	Name of Producing Formation Seven Rivers	Top Oil/Gas Pay 3042'		Tubing Depth 3091'				
Perforations 3268' - 74', 3238' - 49', 3210' - 18', 3103' - 05' w/ 2 jspf						Depth Casing Shoe 3379'		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
14 3/4	10 3/4	40.5	556		450 sx to surface			
9 7/8	7 5/8	26.4	3379		775 sx; TOC ± 200'			

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.)

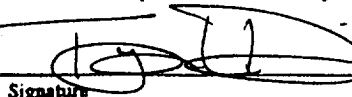
Date First New Oil Run To Tank 11/9/93	Date of Test 11/9/93	Producing Method (Flow, pump, gas lift, etc.) Submersible Pump		
Length of Test 24 Hours	Tubing Pressure 80	Casing Pressure 80	Choke Size	
Actual Prod. During Test	Oil - Bbls. 44	Water - Bbls. 5200	Gas- MCF 73	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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.

Signature 
Tyson L. Dunn Production Engineer
Printed Name Title
12/13/93 (915) 687-1664
Date Telephone No.

OIL CONSERVATION DIVISION
JAN 11 1994

Date Approved _____
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
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.