

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1910, 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, Aztec, 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

I.

Operator  
HAL J. RASMUSSEN OPERATING, INC.

Well API No.  
30-025- 12012

Address  
300 WEST WALL; SUITE 906, MIDLAND, TEXAS 79701

Reason(s) for Filing (Check proper box)  
New Well ☐  
Recompletion ☐  
Change in Operator ☐

Change in Transporter of:  
Oil ☐  
Casinghead Gas ☐

☐ Other (Please explain)  
☒ Dry Gas ☐  
☐ Condensate ☐

Effective Date  
DECEMBER 1, 1993

If change of operator give name  
and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name  
EAVES A

Well No.  
8

Pool Name, including Formation  
Scharborough, Yates-7 Rivers

Kind of Lease  
State, Federal or Easement  
XXX

Lease No.  
LC-030168-A

Location  
Unit Letter N : 990 Feet From The South Line and 2310 Feet From The West Line  
Section 19 Township 26 South Range 37 East , NMPM, LEA County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
EDTT ENERGY CORP

Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 4666, Houston, TX 77210 - 4666

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Sid Richardson Gasline Co.

Address (Give address to which approved copy of this form is to be sent)

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 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 Re-ry ☐

Diff Re-ry ☐

Date Spudded

Date Compl. Ready to Prod.

Total Depth

P.D.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

CASING & TUBING SIZE

DEPTH SET

SACKS CEMENT

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 - Dbls.

Water - Dbls.

Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D

Length of Test

Dbls. Condensate/MCMCF

Gravity of Condensate

Testing Method (pacer, 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  
Michael P. Jobe

Agent

Printed Name  
11-23-93

Title  
(915) 687-1664

Date  
Telephone No.

OIL CONSERVATION DIVISION  
DEC 01 1993  
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.