

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

| | |
|---|------------------------------|
| Operator Hal J. Rasmussen Operating, Inc. | Well API No. 30-025-30334 |
| Address 6 Desta Dr. Ste 2700 Midland Texas 79705 | |
| Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> Other (Please explain) Recompletion <input 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 State "P" | Well No. 6 | Pool Name, Including Formation Wilson Yates-Seven Rivers | Kind of Lease State, Federal or Free | Lease No. V-2069 |
| Location Unit Letter B : 100 Feet From The North Line and 1520 Feet From The East Line Section 24 Township 21S Range 34E, 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"/> Enron Oil Trading and Transportation Co. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251-1188 | | | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> PHILLIPS 66 NATURAL GAS | Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa TX | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Soc. | Twp. | Rge. | Is gas actually connected? YES | When? as of 9/1/91 |

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 |
| | | X | | | | X | | |
| Date Spudded 3/28/88 | Date Compl. Ready to Prod. 2/20/91 | | Total Depth 3796' | | P.B.T.D. 3675' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 3677' KB | Name of Producing Formation Yates | | Top Oil/Gas Pay 3540' | | Tubing Depth | | | |
| Perforations 3542'-3620' Gross | | | | | Depth Casing Shoe | | | |
| TUBING, CASING AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/2 | 9 5/8 | | 350' | | 175 | | | |
| 8 3/4 | 7 | | 3700' | | 1300 | | | |

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 700 MCF/D | Length of Test NR | Dbls. Condensate/MMCF 700 MCF/D | Gravity of Condensate NR |
| Testing Method (pilot, back pr.) NR | Tubing Pressure (Shut-in) NR | Casing Pressure (Shut-in) NR | Choke Size NR |

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 Scott Casey
Printed Name Scott Casey Agent
Date 10/18/91 (915) 687-1664
Telephone No.

OIL CONSERVATION DIVISION

Date Approved 10/18/91

By Scott Casey

Title Agent

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.