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Appropriate District Office
DISTRICT I
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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Hal J. Rasmussen Operating, Inc.	Well API No. 30-025-32048
Address 310 W. Wall; Suite 906; Midland, Texas 79701	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Collins & Ware, Inc.; 303 W. Wall; Suite 2200; Midland, Texas 79701	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kaiser State	Well No. 43	Pool Name, including Formation Wilson Yates 7R Assoc.	Kind of Lease State, Federal or Private	Lease No. B-6807
Location Unit Letter M : 400 Feet From The West Line and 1000 Feet From The South Line Section 13 Township 21S Range 34E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) EOTT Energy Corp P.O. Box 10607; Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) Llano, Inc. P.O. Box 1320; Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 13	Twp. 21S	Rge. 34E	Is gas actually connected? Yes	When? 10/93

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 X	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-13-93	Date Compl. Ready to Prod. 10-28-93		Total Depth 3730'		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3652.7 GR	Name of Producing Formation Yates 7R Assoc.		Top Oil/Gas Pay 3692'		Tubing Depth 3603'			
Performances 3511, 16, 22, 26, 30, 34, 38, 72, 78, 89, 92, 3600'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4	CASING & TUBING SIZE 8 5/8 32#		DEPTH SET 384		SACKS CEMENT 300 sx/ "C" surf.			
7 7/8	5 1/2 15.5#		3730		950 sx/ POZ "H"			

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.)

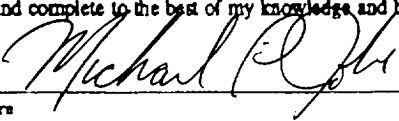
Date First New Oil Run To Tank	Date of Test 11-1-93	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 58	Length of Test 24	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in) 850	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 Title
12/29/93 (915) 687-1664
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN 11 1994

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.