Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, 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, Antesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	7	OTRAN	ISPORT OIL	AND NA	TURAL GA					
							API No.			
HAL J. RASMUSSEN OPERATING, INC. Address							30-025-09862			
310 WEST WALL, SUITE	906, M	DLAND,	TEXAS 797							
Reason(s) for Filing (Check proper box) New Well		C		U Oth	et (Please expla	zin)				
Recompletion	Oil		ransporter of:	F	FEECTIVE.	. 1	1 . 100	22		
Change in Operator	Casinghead	_	ondensate	E:	FFECTIVE:	Janua	ary 1, 199	93		
If change of operator give name FI		_	RATION, 16	25 LARII	MER ST.,	SUITE 2	2403,DENVE	R, CO	80202	
and address of previous operator							· · · · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WELL								· · · · · · · · · · · · · · · · · · ·		
Lease Name		ľ	ool Name, Includi	•	7 D:		of Lease Federal or Fee.	_	ase No.	
MC CALLISTER A	2 Scarborough, Yates-7 Rivers XXX, Federal XXXX LC-030167								0167A	
Unit Letter A	_3.3z _: -(560 	eet From The NC	orth Lin	e and660) '//(F	et From The	East	Line	
Section 24 Townsh	ip 26 S	South R	ange 36 F	ast ,N	MPM,		<u>LE</u>	Α	County	
III. DESIGNATION OF TRAN	NSPORTE	R OF OIL	AND NATII	RAL GAS						
Name of Authorized Transporter of Oil		or Condensal			e address to wh	ich approved	l copy of this forn	n is to be se	nt)	
Mine - Inged	_ <u> </u>	Linell	• • • • • • • • • • • • • • • • • • • •							
Name of Authorized Transporter of Casir	Address (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids, give location of tanks.							en ?			
If this production is commingled with that IV. COMPLETION DATA	from any other	r lease or po	ol, give comming	ling order num	ber:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ıme Res'v	Diff Res'v	
Date Spudded	~~~	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
The state of the s	Name of Producing Formation						1.0.1.0.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	ation	Top Oil/Gas	ray		Tubing Depth			
Perforations				·			Depth Casing S	ihoe		
TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE					DEPTH SET		SACKS CEMENT			
							 			
V. TEST DATA AND REQUE	ST FOR A	LLOWAE	LE	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
OIL WELL (Test must be after t				be equal to or	exceed top allo	wable for thi	s depih or be for	full 24 hour.	s.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)									
I work of Tord				6 : 5			(C) 11 C:			
Length of Test	Tubing Pressure			Casing Pressu	ire		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL	1			!			1			
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Conden	sate/MMCF		Gravity of Cond	iensate		
Testing Method (pitot, back pr.)	Tubing Pres	sure (Shut-in))	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPL	ANCE		NI 00N	0=514	4 TION : 5			
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved						
01/10	_			Date	Approved	d t				
Mal) Rusmissen										
Signature				By State Control						
Hal J. Rasmussen, President Printed Name Title										
	/01	5) 687-		Title.						
02-25-93 Date	/31	Telepho								

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.