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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico y, Minerals and Natural Resources Departme

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRIC	ΤШ				
1000 Rio	Brazos	Rd.,	Aztec.	NM	87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Hall Pasmusson Or	oratino	ı Inc					We	II API No.			
Hal J. Rasmussen Operating Inc.							3	0-025-11	025-11964		
310 West Texas, Mic	lland,	Texas	7970)1							
Reason(s) for Filing (Check proper box)		_ 			Ot/	ner (Please exp	lain)			··· · · · · · · · · · · · · · · ·	
New Well		Change in	Trans	porter of:		·					
Recompletion	Oil		Dry (Gas 🔲	Ef.	fective	10-1-93	3			
Change in Operator X	Casinghead	d Gas	Cond	lensate 🗌							
If change of operator give name and address of previous operator Bruc	e A. W	ilbank:	s Co	ompany,	P. O. B	ox 763,	Midland	d, TX 7	9702		
II. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name	Well No.	Pool	Name, Inclu	ding Formation	_			nd of Lease No.			
Farnsworth "B" Fede	ral]	Sca	arborou	gh Yates	h Yates 7 Rivers 🔀			LC-030180-		
Location		8 660)		_		_				
Unit LetterM		D	Feet 1	From The _	Lir	e and66	0	Feet From Th	eW	Line	
Section 7 Township	26 S	<u> </u>	Rang	e	37E , N	мрм,	Le	ea		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	Π. Δ1	ND NATI	IRAL GAS						
Name of Authorized Transporter of Oil	EOIT	E Agrico	SPIN.	Hating L.F	Address (Gi	ve address to w	hich approv	red copy of thi	s form is to b	e seni)	
EOTT Energy Corp.		Literave	بر 1 <u>.4</u> .1	.ол <u>г</u>	<u>P.</u> 0.	Box 466					
Name of Authorized Transporter of Casing	head Gas	(XX)	or Dr	y Gas 🔲	Address (Gi	ve address to w	hich approv	red copy of thi	s form is to b	e sent)	
Sid Richardson Gasc	<u>oline Co</u>	0.		·	201 M	<u>ain Stre</u>	et, Fo	rt Worth	, TX 76	102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	e. Is gas actual	y connected?	Wh	en ?			
			1		<u>ye</u>				 		
f this production is commingled with that it. V. COMPLETION DATA	rom any oute	er lease or j	рооі, д	rve commin	gring order num	Der:				· · · · · · · · · · · · · · · · · · ·	
Designate Type of Completion	- (X)	Oil Well	<u> </u>	Gas Well	New Well	Workover	Deepen	Plug Bac	k Same Res	'v Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth		<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing D	Tubing Depth			
Plante of Floridating Politication					•	•		Tuoing D	Tuesday Deput		
Perforations	•				. · ·			Depth Car	sing Shoe		
							 				
					CEMENTI						
HOLE SIZE CASING		SING & TU	NG & TUBING SIZE			DEPTH SET			SACKS CEMENT		
											
····						 					
						 					
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE	3							
OIL WELL (Test must be after re	1		of load	oil and mu					e for full 24	hours.)	
Date First New Oil Run To Tank	Date of Tes	t			Producing M	ethod (Flow, p	ump, gas lif	i, etc.)			
Length of Test	Tuhing Pres	SITE			Casing Press	ure		Choke Siz	Choke Size		
Zenga: or rea	Tubing Pressure			J							
Actual Prod. During Test	rod. During Test Oil - Bbls.				Water - Bbis		····	Gas- MC	Gas- MCF		
GAS WELL	· · · · · · · · · · · · · · · · · · ·				1811				Con de la		
Actual Prod. Test - MCF/D	Length of T	of Test			Bbis. Conder	Bbis. Condensate/MMCF			Gravity of Condensate		
Festing Method (puot, back pr.)	Tubing Pressure (Shut-in)			Casing Press	Casing Pressure (Shut-in)			Choke Size			
, , , , , , , , , , , , , , , , , , ,		•				, ,					
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE							
I hereby certify that the rules and regulations of the Oil Conservation					(OIL CON	USER	VAHON	DIVIS	ION	
Division have been complied with and that the information given above							1 4 1	.i ⊲t ∡a -4∩	nt		
is true and complete to the best of my k	mowledge an	d belief.			Date	Approve	d JA	NII	94		
Michael 12	the										
Signature / / / / /					By_	ORIGIN	IAL SIGN	ED BY JER	RY SEXTO	N	
Signature MICHAEL P. JOBE AGENT							DISTRICT	I SUPERV	IZOK	i	
Printed Name	/^	1161 60	Title	661	Title				ابد (حد		
1/4/94 Date	9		37-1 phone								
			-		11						

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.