

District I  
PO Box 1960, Hobbs, NM 88241-1960  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Bravos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
PO Box 2088  
Santa Fe, NM 87504-2088

Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

**REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

|                                                                                                      |                          |                                                |
|------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------|
| Operator name and Address<br><br>SOUTHWEST ROYALTIES, INC.<br>P.O. BOX 11390<br>MIDLAND, TEXAS 79702 |                          | OGRID Number<br>021355                         |
| Pool Name<br>SCARBOROUGH YATES SEVEN RIVERS                                                          |                          | Reason for Filing Code<br>CH EFFECTIVE 12-1-95 |
| API Number<br>30 - 025-12008                                                                         | Property Name<br>EAVES A | Pool Code<br>55560                             |
| Property Code<br>18D98-009492                                                                        |                          | Well Number<br>2                               |

II. **10 Surface Location**

| UL or lot no. | Section | Township | Range | Lot Ida | Feet from the | North/South Line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| M             | 19      | 26S      | 37E   |         | 660           | SOUTH            | 660           | WEST           | LEA    |

**11 Bottom Hole Location**

| UL or lot no. | Section | Township | Range | Lot Ida | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
|               |         |          |       |         |               |                  |               |                |        |

| Lee Code | Producing Method Code | Gas Connection Date | C-129 Permit Number | C-129 Effective Date | C-129 Expiration Date |
|----------|-----------------------|---------------------|---------------------|----------------------|-----------------------|
| F        | SWD                   |                     |                     |                      |                       |

III. **Oil and Gas Transporters**

| Transporter OGRID | Transporter Name and Address | POD     | O/G | POD ULSTR Location and Description |
|-------------------|------------------------------|---------|-----|------------------------------------|
|                   |                              | 2815109 | D   |                                    |
|                   |                              |         |     |                                    |
|                   |                              |         |     |                                    |
|                   |                              |         |     |                                    |
|                   |                              |         |     |                                    |

IV. **Produced Water**

| POD | POD ULSTR Location and Description |
|-----|------------------------------------|
|     |                                    |

V. **Well Completion Data**

| Spud Date | Ready Date | TD | PBTD | Perforations |
|-----------|------------|----|------|--------------|
|           |            |    |      |              |

| Hole Size | Casing & Tubing Size | Depth Set | Sacks Cement |
|-----------|----------------------|-----------|--------------|
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |
|           |                      |           |              |

VI. **Well Test Data**

| Date New Oil | Gas Delivery Date | Test Date | Test Length | Tbg. Pressure | Csg. Pressure |
|--------------|-------------------|-----------|-------------|---------------|---------------|
|              |                   |           |             |               |               |

| Choke Size | Oil | Water | Gas | AOF | Test Method |
|------------|-----|-------|-----|-----|-------------|
|            |     |       |     |     |             |

|                                                                                                                                                                                                                              |  |                                                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|
| I hereby certify that the rules 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.<br>Signature: <i>Kate Ellison</i> |  | OIL CONSERVATION DIVISION<br>ORIGINAL SIGNED BY JERRY SEXTON<br>DISTRICT I SUPERVISOR |  |
| Printed name: KATE ELLISON                                                                                                                                                                                                   |  | Approved by:                                                                          |  |
| Title: REGULATORY ANALYST                                                                                                                                                                                                    |  | Title:                                                                                |  |
| Date: 12-8-95 Phone: (915) 686-9927                                                                                                                                                                                          |  | Approval Date: DEC 21 1995                                                            |  |

|                                                                                            |  |                                     |  |
|--------------------------------------------------------------------------------------------|--|-------------------------------------|--|
| If this is a change of operator fill in the OGRID number and name of the previous operator |  | HAL J. RASMUSSEN, PRESIDENT 12-7-95 |  |
| Previous Operator Signature: <i>Hal J. Rasmussen</i>                                       |  | Printed Name Title Date             |  |
| HAL J. RASMUSSEN OPERATING, INC. #009809                                                   |  |                                     |  |