

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

CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brice Rd, Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator HAL J. RASMUSSEN OPERATING, INC.		Well API No. 30-025-12010
Address 300 WEST WALL; SUITE 906, MIDLAND, TEXAS 79701		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
Effective Date		DECEMBER 1, 1993
If change of operator give name and address of previous operator		

Lease Name EAVES A		Well No. 4	Pool Name, including Formation Scharborough, Yates-7 Rivers	Kind of Lease State, Federal or Foreign XXX	Lease No. LC-030168-A
Location Unit Letter F : 1980 Feet From The North Line and 1650 Feet From The West Line Section 19 Township 26 South Range 37 East, NMPM, LEA County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> EOTT Energy Operating LP Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Sid Richardson Gasline Co. Address (Give address to which approved copy of this form is to be sent) P.O. Box 4406; Houston, Tx 77210-4406 Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected? When?

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rec'y	Diff Rec'y
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.D.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth					
Perforations				Depth Casing Shoe					

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)			
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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Flowing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 11-23-93	Title (915) 687-1664
Date	Telephone No.

OIL CONSERVATION DIVISION	
DEC 01 1993	
Date Approved	By ORIGINAL SIGNED BY JERRY SEXTON
	By
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.