

Submit 3 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1910, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Azusa, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department  
OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. 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) ☐ Other (Please explain)  
New Well ☐ Change in Transporter of: ☒ Dry Gas ☐  
Recompletion ☐ Oil ☐ Condensate ☐  
Change in Operator ☐ Casinghead Gas ☐ Effective Date December 1, 1993  
If change of operator give name and address of previous operator \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE  
Lease Name: EAVES A Well No.: 4 Pool Name, including Formation: Scharborough, Yates-7 Rivers Kind of Lease: XXX Federal or XXX State 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

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐ Address (Give address to which approved copy of this form is to be sent)  
EOTT Energy Corp P.O. Box 44666; Houston, Tx 77210-44666  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ Address (Give address to which approved copy of this form is to be sent)  
Sid Richardson Gasline Co.  
If well produces oil or liquids, give location of tanks. Unit: Soc: Twp: Rge: Is gas actually connected? When?  
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 Gas Well New Well Workover Deepen Plug Back Same Reiv Diff Reiv  
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

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 Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil - Dblt. Water - Dblt. Gas - MCF

GAS WELL  
Actual Prod. Test - MCF/D Length of Test Dblt. Condensate/MCF Gravity of Condensate  
Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) 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.  
Michael P. Jobe Agent  
Printed Name Title  
11-23-93 (915) 687-1664  
Date Telephone No.

OIL CONSERVATION DIVISION  
DEC 01 1993  
Date Approved  
By ORIGINAL SIGNED BY JERRY SEXTON  
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) Complete Form C-104 must be filed for each pool in multiply completed wells.