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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	T	O TRANS	PORT OIL	AND NAT	URAL GA	S Well A	DI No			
Operator HAL J. RASMUSSEN OPERATING, INC.						Well A	30-025-12082			
Address 310 WEST WALL, SUITE	906. MI	DLAND,	TEXAS 797	01						
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator  If change of operator give name  FI	Oil Casinghead	Change in Tran		Othe EF	r (Please explain FECTIVE:	Janua	ry 1, 1		80202	
and address of previous operator		<del></del>						***		
II. DESCRIPTION OF WELL Lease Name EAVES A		Well No. Poo	Name, Includi carborous		-7 Rivers		of Lease Federal of Federal	_	ease No. 30168-A	
Unit Letter	: 660	) Fee	t From The	lorth Line	and66	50 Fe	et From The	lest	Line	
Section 30 Townshi	p 26 Sc	outh Ra	nge <u>37</u>	East, NA	MPM,			LEA	County	
III. DESIGNATION OF TRAN				RAL GAS						
Name of Authorized Transporter of Oil EoTT Everan Con	كط	or Condensate			e address to wh					
Name of Authorized Transporter of Casin	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?   Who						n ?			
If this production is commingled with that IV. COMPLETION DATA	from any othe	r lease or poo	l, give comming	ing order numl	er:					
Designate Type of Completion	<u>~~~</u>	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	T, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
	าา	IDDIC C	SING AND	CEMENT	NG RECOR	D	<u> </u>			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
									<del></del>	
V. TEST DATA AND REQUE	ST FOR A	LLOWAB	LE							
OIL WELL (Test must be after  Date First New Oil Run To Tank	Date of Test	al volume of l	oad oil and must	be equal to or Producing M	exceed top allo	owable for thi ump, gas lift, e	s depth or be etc.)	for full 24 hou	rs.)	
							Choke Size			
Length of Test	Tubing Pressure			Casing Pressure						
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL	<del></del>									
Actual Prod. Test - MCF/D	Length of T	est		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regular Division have been complied with and is true and complete to the best of my	lations of the ( i that the infor knowledge an	Oil Conservati mation given a d belief.	on		OIL CON	d	M.S.	n 10 10		
Signature Ha] J. Rasmus Printed Name		sident Ti 15) 687	ue - 1664	By_ Title		NETRICT I	SOLETIONS BA TESS,			
Date		Telepho	one No.							

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.