

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| | | |
|---|--|--|
| Operator HAL J. RASMUSSEN OPERATING, INC. | | Well API No. 30-025- 12085 |
| Address 300 WEST WALL; SUITE 906, MIDLAND, TEXAS 79701 | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| New Well <input type="checkbox"/> | Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | Effective Date <u>DECEMBER 1, 1993</u> |
| Recompletion <input type="checkbox"/> | | |
| Change in Operator <input type="checkbox"/> | | |

If change of operator gives name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|---|--|--------------------------|
| Lease Name EAVES B - I | Well No. 4 | Pool Name, Including Formation Scharborough, Yates-7, Rivers | Kind of Lease State, Federal or Foreign <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> | Lease No. LC-030168-B |
| Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>30</u> Township <u>26 South</u> Range <u>37 East</u> , <u>NMPM</u> , <u>LEA</u> County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|---|---|------|------|------|----------------------------|-------|
| Name of Authorized Transporter of Oil <u>EOTT ENERGY CORP.</u> <input checked="" type="checkbox"/> <u>EOTT Energy Operating LP</u> <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 46666, Houston, TX 77210-4666</u> | | | | | |
| Name of Authorized Transporter of Casinghead Gas <u>Sid Richardson Gasline Co.</u> <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> | 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 | 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 Res'y | Diff Res'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 |
| | | | |
| | | | |
| | | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of flood 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 - Dbls. | Water - Dbls. | Gas - MCF |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Dbls. Condensate/MCF | Gravity of Condensate |
| Sealing 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
Signature
Michael P. Jobe
Printed Name
11-23-93
Date
(915) 687-1664
Telephone No.

Agent
Title

OIL CONSERVATION DIVISION

Date Approved DEC 01 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.