Submit 5 Copies
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., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

!			IAOI C	71 11 OIL	AND INT	OI IAL GA					
Operator UNI 1 DASMUSSEN ODEI	ρΔΤΙΝΩ	INC					Well A	ΦI No. 30-02	5-12083	./	
HAL J. RASMUSSEN OPEI	MILING,	THU.		<u>. </u>				30-02			
310 WEST WALL, SUITE	906, M	IDLAND	, TEX	(AS 797							
Reason(s) for Filing (Check proper box)		G	T		Othe	r (Please expla	in)				
New Well Recompletion	Oil	Change in	Transpor Dry Gas		F	FECTIVE:	lanua.	1rv 1 1	993		
Change in Operator	Casinghea	d Gas	Conden	sate				-			
f change of operator give name LL and address of previous operator	K ENERG	Y CORP	ORATI	ON, 16	25 LARIN	MER ST.,	SUITE 2	2403,DEN	VER, CO	80202	
II. DESCRIPTION OF WELL	AND LEA										
Lease Name EAVES B-1	Well No. Pool Name, Including Formation 1 Scarborough, Yates-7 Rivers						Canan	Kind of Lease Lease No. State, Federal or Fee LC-030168-E			
Location Unit LetterG	_ :1	.980	. Feet Fro	om The No	orth Line	and) Fe	et From The	South E	Line	
Section 30 Townshi	, 26 Sc	uth	Range	37 E	٠ ـ	MPM,			LEA	County	
III. DESIGNATION OF TRAN		R OF O		D NATU							
Name of Authorized Transporter of Oil		or Conden				e address to wh	iich approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transforter of Casing	- 0		or Dry	Gas	Address (Giv	e address to wh	iich approved	l copy of this f	orm is to be se	nt)	
Sid Kichardson If well produces oil or liquids,	Gasaline Co							?		· · · · ·	
give location of tanks.			İ	j			i				
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, giv	e commingl	ing order num	per:					
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1			Total Damb		<u>i</u>	ļ	İ	1	
ate Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					J			Depth Casin	Depth Casing Shoe		
	ָ י	TUBING,	CASI	NG AND	CEMENTI	NG RECOR	D	· <u>'</u>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
						·					
V. TEST DATA AND REQUES	ET EOD 4	VII OW	ADYE		<u> </u>						
OIL WELL (Test must be after t				oil and must	be equal to or	exceed top allo	wable for thi	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te		. 1			thod (Flow, pu					
Length of Test	Tuhing Pressure				Casing Pressa	ire		Choke Size			
The state of the s	Tubing Pressure				Capitily Pressure			Chick of the			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL										-	
Actual Prod. Test - MCF/D	· , _ , _ , _ , _ , _ , _ , _ , _ , _ ,					Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Press.	ire (Shut-in)		Choke Size			
					Casing Treasure (Silvaria)						
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	ICE)	10551	ATION	רון ווייים	. . .	
I hereby certify that the rules and regulations of the Oil Conservation					1	OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved						
ลม /เก	ŭ				Date	Approve	a	• • • •		 -	
- Hul J. Rarimssen					Bv	ONGINAL	. SIGNER	BY JERRY :	SEXTON		
Hal J. Rasmussen, President					-, _	By Original Monay by Jerry Sexton District I Supervisor					
Printed Name	1.)1E\ CO	Title		Title	·····					
02-25-93 Date		915) 68 Tele	:phone N								

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.