

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

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

DISTRICT III
1600 Rio Bravo 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. 30-025-23417
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: <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		Effective Date <u>DECEMBER, 1, 1993</u>

II. DESCRIPTION OF WELL AND LEASE

Lease Name EAVES B -1	Well No. 15	Pool Name, including Formation Scharborough, Yates-7 Rivers	Kind of Lease State, Federal or Foreign <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lease No. LC-030168-B
Location Unit Letter <u>E</u> Section <u>660</u> Feet From The <u>West</u> Line and <u>1980</u> Feet From The <u>North</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>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4666, Houston, TX 77210-4666</u>
Name of Authorized Transporter of Casinghead Gas <u>Sid Richardson Gasline Co.</u>	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?

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			
Performance					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
Casing 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.

Signature Michael P. Jobe Agent
Printed Name Michael P. Jobe Title
Date 11-23-93 Telephone No. (915) 687-1664

OIL CONSERVATION DIVISION

Date Approved DEC 03 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.