NO. OF COPIES RECEIVED NEW MEXICO OIL CONSERVATION COMMISSION Form C -104 DISTRIBUTION Supersedes Old C-104 and C-110 REQUEST FOR ALLOWABLE SANTA FE Effective 1-1-65 AND FILE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE Operator R.A. Crane Jr. Address 87401 Farmington, N.M. 604 W. Pinon Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil X Recompletion Condensate Casinghead Gas Change ' Ownership Carmi, Ill. P.O. Box 291 If change of ownership give name Eastern Petroleum Co. and address of previous owner Lease No. II. DESCRIPTION OF WELL AND LEASE (ell No.; Pool Name, Including Formation I-89-IND56 State, Federal or Fee FED Rattlesnake-Dakota 158 Rattlesnake Location ___Line and __1980 S 1980 ___Feet From The_ Feet From The County 19W . NMPM. 29N Range 12 Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate S. Hwy 163 Moab, Utah Address (Give address to which approved copy of this form is to be sent) McDougald Oil Co. Name of Authorized Transporter of Casinghead Gas or Dry Gas Loss Jank Lovie 142 (14 CONTRACTOR) - THE REPORT OF THE PERSON He well in duces off or figures. Corporation Charles The grade of the contract of the charte on the communicated with their transmit sound process in pr Plug Back | Same Res'v. Diff. Res'v. IV. COMPLETION DATA TNew Well Workover Deepen Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oll/Gas Pay Name of Producing Formation Fleydtions (DF. RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Gan - MCF Water - Bbls. Cil-Bbls. Actual Prod. During Test

Bbls. Condensate/MMCF

APPROVED .

TITLE _

Casing Pressure (Shut-in)

Gravity of Condensate

SED 2 () 1974

Choke Size

OIL CONSERVATION COMMISSION

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of owner,

PIN TO TIST

Original Signed by Boary C. Armeld

GAS WELL

Actual Prod. Test-MCF/D

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

I ength of Test

hereby certify that the rules and regulations of the Oil Conservation

Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Tubing Pressure (Shut-in)