

Oil Conservation Division

To: **State of New Mexico**
 Company: **Alice Mary Ellen**
 Location: **Telephone #**
 Fax #
 Comments

No. of Pages: **1**
 From: **Rachelle Montgomery**
 Company:
 Location: **(214)**
 Fax #: **753-6902**
 Original Disposition: ☐ Destroy ☐ Return ☐ Call for pickup
 Today's Date: **753-6900**
 Time: **(214) 753-6900**
 Dept. Charge: **Telephone #**

RECEIVED
MAR 10 1995

DIS. 3

Submit 5 Copies
 Appropriate District Office
 DISTRICT I
 P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
 Energy, Minerals and Natural Resources Department

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

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 See Instructions at Bottom of Page

MAR 6 1989

OIL CON. DIV
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
CHUSKA ENERGY COMPANY
 Address: **315 N. BEHREND AVENUE, FARMINGTON, NM 87413**
 Reason(s) for Filing (Check proper box)
 New Well ☐ Change in Transporter of:
 Recompletion ☐ Oil ☒ Dry Gas ☐
 Change in Operator ☒ Casinghead Gas ☐ Condensate ☐
 If change of operator give name and address of previous operator: **R. A. Crane, Jr., 604 W. Pinion, Farmington, NM 87401**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rattlesnake	Well No. 205	Pool Name, including Formation Rattlesnake Dakota	Kind of Lease State ☒ Federal ☐ Fee ☐	Lease No. NOG 8702-1116
Location Unit Lower 1 Section 2 Township 29N Range 19W NMPM, San Juan County	2450 2422 Feet From The South Line and 330 Feet From The East Line			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Gary Energy Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 159, Bloomfield, NM 87413		
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	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 1 Sec. 2 Twp 29			

IV. COMPLETION DATA

Designate Type of Completion - (X)	☒ 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, KKB, 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 load 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 - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (Flow, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

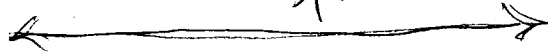
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge.

OIL CONSERVATION DIVISION

Needs to stay as

Rattlesnake
per Rachel

3/21/95



Harkin SW