	NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPERATOR PRORATION OFFICE		CONSERVATION COMM T FOR ALLOWABLE AND RANSPORT OIL AND		Form C-104 Supersedes Old Effective 1-1-65 AS		
1.	Operator R.A. Crai	ne Jr				3/	
	Address					NO THE OWNER OF THE OWNER OWNER OF THE OWNER	
٠	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil	Other (Pleas	se explain)			
	If change of ownership give name and address of previous owner	Eastern Petrole	um Co. P.O. I	3ox 291	Carmi, Ill.		
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including		Kind of Lease	C TIDD	Lease No.	
	Rattlesnake	152 Rattlesnal	ke-Dakota	State, Federal	or Fee FED	<u> I-89-INI</u>	
	Unit Letter F : 2275 Feet From The N Line and 2240 Feet From The W						
	Line of Section 12 Tow	mship 29N Range	19W , NMP	м, San Ju	ıan	County	
III.	Name of Authorized Transporter of Castinghead Gas or Dry Gas		Address (Give address	Address (Give address to which approved copy of this form is to be sent) S. Hwy 163 Moab, Utah Address (Give address to which approved copy of this form is to be sent)			
	If well produces oil or liquids, give location of tanks.	Is gas actually connec	Is gas actually connected? When				
137	If this production is commingled with that from any other lease or pool, give commingling order number:						
1 .	Designate Type of Completio	on - (X) Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Restr.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Otl/Gas Pay		Tubing Depth		
	Perforations				Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING REC				<u> </u>		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH		SACKS CEM	IENT	
V	TEST DATA AND REQUEST FOR ALLOWABLE (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)						
	OII. WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (FI		(t, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Casing Pressure Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbis. G		Gas-MCF	3as - MCF	
	CACWELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	1CF	Gravity of Condensate	-	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sh	ut-in)	Choke Size		
VI	CERTIFICATE OF COMPLIAN	OIL	OIL CONSERVATION COMMISSION (1974				

I 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.

Con	ray 5. Birnt	
	(Signature) Clean FANT	
	(Title)	
	19 / 74 (Date)	

APPROVED. BY Original Same 7-27

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepend 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 allow able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition

Separate Forms C-104 must be filed for each pool in multiple completed wells.

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