

| | |
|------------------------|-------------------------------------|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | <input checked="" type="checkbox"/> |
| FILE | <input checked="" type="checkbox"/> |
| U.S.G.S. | <input checked="" type="checkbox"/> |
| LAND OFFICE | <input checked="" type="checkbox"/> |
| TRANSPORTER | <input checked="" type="checkbox"/> |
| OIL | <input checked="" type="checkbox"/> |
| GAS | <input checked="" type="checkbox"/> |
| OPERATION | <input checked="" type="checkbox"/> |
| PRODUCTION OFFICE | <input checked="" type="checkbox"/> |

RECEIVED

JAN 24 1983

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

OFFICE

I.

| | | | |
|---|---|---------------------------|--------------------------|
| Operator | T. H. McElvain, Jr. ✓ | | |
| Address | P.O. Box 2148, Santa Fe, New Mexico 87501 | | |
| Reason(s) for filing (Check proper box) | Other (Please explain) | | |
| New Well | <input checked="" type="checkbox"/> | Change In Transporter of: | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> |
| Change In Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> |
| | | Dry Gas | <input type="checkbox"/> |
| | | Condensate | <input type="checkbox"/> |

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|-------------------|----------|--------------------------------|-----------------------------|-----------|
| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
| Rattlesnake State | 1 | Pecos Slope Abo | State, Federal or Fee State | LG0252 |
| Location | | | | |
| Unit Letter | P | 660 | Feet From The | South |
| | | | Line and | 660 |
| | | | Feet From The | East |
| Line of Section | 7 | Township | 5S | Range |
| | | | 25E | NMPM, |
| | | | Chaves | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|--|--|------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Navajo Refining Co. | P.O. Drawer 159, Artesia, NM 88210 | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| Transwestern Pipeline Co. | P.O. Box 2521, Houston, TX 77001 | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. |
| | P | 7 |
| | | 5S |
| | | 25E |
| Is gas actually connected? | When | |
| No | | |

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 Resrv. | Diff. Res. |
| | | X | X | | | | | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| 4-20-82 | 5-22-82 | 4201 | 4200 | | | | | |
| Elevations (DF, RKB, RT, CR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| 3888 GL | Abo | 3693 | 3845 | | | | | |
| Perforations | 1JSPF @ 3693-94, 3699-3700, 3702, 3704, 3833, 3838-39 | | Depth Casing Shoe | | | | | |
| | 2JSPF @ 3695-98, 3703, 3834-37 | | 4200 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 12 1/4" | 8 5/8" - 24# | | 965 | | 500 sks | | | |
| 7 7/8" | 4 1/2" - 10.5# | | 4200 | | 510 sks | | | |
| | 2 3/8" - 4.7# | | 3845 | | | | | |

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 allow
able for this depth or be for full 24 hours)

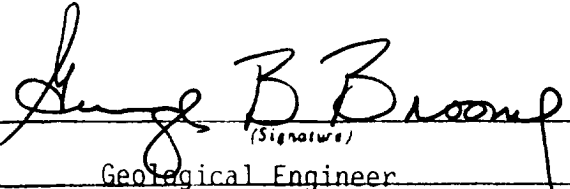
| | | | |
|---------------------------------|-----------------|---|------------|
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
| | | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| | | | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |
| | | | |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| 1271 | 5 hrs. | Trace | N/A |
| Testing Method (pilot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |
| Back Pressure | 993 psi | 987 psi | 18/64" |

I. 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)
Geological Engineer
(Title)
January 18, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 14 1983, 19
BY Original Signed By
Leslie A. Clements
TITLE Supervisor District II

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 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 conditionSeparate Forms C-104 must be filed for each pool in multipl
completed wells.