

LAND OFFICE	
TRANSPORTER	☒
REGULATOR	☒
PRODUCTION OFFICE	☒

ALL OIL OWNERS TO FILE WITHIN 30 DAYS OF PRODUCTION

Oil Company	
Address	
Reason(s) for filing (check proper box)	
New Well	☐
Recompletion	☐
Change in Ownership	☐
Change in Transportation	☐
Oil	☐
Condensate Gas	☐
Dry Gas	☐
Gas	☒

If change of ownership give name and address of previous owner

H. DESCRIPTION OF WELL AND LEASE

Lease Name	Well Name, No., and any Production	Kind of Lease	Lease No.
Location	13. Gasline Pictorial	Federal	
Unit Letter	C	16.50	Feet From The West
Line of Section	14	Township	26-N
Range	3-W	NMNM	Rio Grande

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Gas	Location (Give address to which approved copy of this form is to be sent)
Platoon Inc.	☒	Box 1102, Reno, NV 89401
Name of Authorized Transporter of Gas	or Dry Gas	For a further address to which approved copy of this form is to be sent)
Northwest Pipeline Corp. System	☒	501 Airport Dr., Farmington, NM 87401
If well produces oil or natural gas	Unit	Yes
give location of tanks.	C	14 26-N 3-W

If this production is commingled with that from any other lease or pool, give commingling order number:

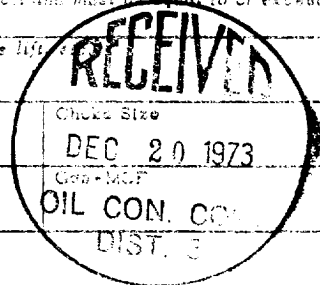
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	Flow Well	Workover	Deepen	Plug Back	Some Other	Diff. Other
Date Spudded	Date Ready to Prod.	Total Depth	F.M.T.D.					
Elevations (OF, RKB, RT, GR, etc.)	Name of Underlying Formation	Top Oil Line Key	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 oil well for this depth or be for full 24 hours

Date First New Oil Run To Tanks	Date of Test	Producing Method (Pump, pump, gas lift)
Length of Test	Testing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Blk.	Water-Blk.



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	BHA. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Testing Pressure (psia-in)	Casing Pressure (psia-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

[Signature]
(Signature)
12-7-73
(Date)

OIL CONSERVATION COMMISSION

FEB 7 1974

APPROVED _____, 12

BY _____, 12

PETROLEUM ENGINEER DIST. NO. 3

TITLE _____

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

If this is a request for allowable for a new well or deepening well this form must be accompanied by a statement of the deviation from the well is not covered by RULE 1104.

All sections of this form must be filled out completely in ink on new and unrecycled paper.

Fill out only Sections I, II, III, and VI for oil wells and only Sections I, II, III, and VI for gas wells. Do not fill out Sections IV, V, and VII for other wells or for other purposes.