

APPLICATION TO TRANSPORT OIL AND NATURAL GAS

TRANSPORTED OIL
 TRANSPORTED GAS
 TRANSPORTED BOTH
 TRANSPORTATION OFFICE
 NUMBER

Oil Well Corporation
 Address
 Box 432, Midland, Texas
 Reason(s) for filing (check proper box)
 New Well Change in Transporter of: Oil Dry Gas
 Recombination Casinghead Gas Condensate
 Change in Ownership Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Alvarilla "G" Pool Name, including Formation: 1 Blanco Masalande Kind of Lease: State, Federal or Fee Federal Lease No.:
 Location:
 Unit Letter: A : 990 Feet From The East Line and 990 Feet From The North
 Line of Section: 35 Township: 27-N Range: 3-W NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate : Hateau Inc. Address (Give address to which approved copy of this form is to be sent): Box 102 Farmington, N.M. 87401
 Name of Authorized Transporter of Casinghead Gas or Dry Gas : North West Pipe Line Corp. System Address (Give address to which approved copy of this form is to be sent): 501 Airport Dr., Farmington, N. M. 87401
 If well produces oil or liquids, give location of tanks: Unit: A Sec: 35 Twp: 27-N Rge: 3-W Is gas actually connected? Yes when

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 Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, 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 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
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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)

Authorized Agent

12-4-73

(Date)

OIL CONSERVATION COMMISSION

FEB 7 1974

APPROVED _____, 19

BY Original Signed by A. R. Kendrick

TITLE PETROLEUM ENGINEER DIST. NO. 3

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 the well.
 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.