NO. OF COPIES RECEIVED			v.
DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104
SANTA FE /		FOR ALLOWABLE	Supersedes Old C-104 and C-1
FILE /	REGUEST	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT ONLAWO CORPORATIO	M. PURCHASED ALL THE ASSETS
LAND OFFICE	AUTHORIZATION TO TRA	OF BOTH LOMAR TRUC	CKING, INC. AND INLAND CRUDE
OIL /		INC THIS PURCHASE	INCLUDED N. M. S. C.
TRANSPORTER GAS		PERMIT # 670 WHICH	HAS LEEN TRANSFERRED TO
OPERATOR ,		INLAND CORPORATIO	N.
PRORATION OFFICE		HADATA COM	CLYDE C. LaMAR, PRESIDENT
Cperator	_ •		INLAND CORPORATION
Consolidated Oil & Address	Gas Inc.		
P.O. Box 2038, Fa	rmington, New Mexico	Other (Please explain)	
Reason(s) for filing (Check proper box		Offier (Trease explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Go	=	
Change in Ownership	Casinghead Gas Conde	msate X	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		
Lease Name	Well No. Pool No	ame, Including Formation	Kind of Lease State, Federal or Fee Federal
Location	2 U	ndisignated Gallup	State, 1 editar of 1 co
Unit Letter L ; 1968	Feet From The South Li	ne and 1286 Feet From	The West
			rriba County
Line of Section , To	wnship 26 North Range	4 West , NMPM, R10 A	4 4 min (4 min (
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G.	AS Address (Give address to which appro	med cany of this form is to be sent)
Name of Authorized Transporter of Oi.			
La Mar Pracking Cor	many	P.O. Box 1528, Farm Address (Give address to which appro	and copy of this form is to be sent)
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	Address (Give duaress to which appro	yeu copy of this jame is to to the
66 Vano W. D.	s.Co.		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	nen
give location of tanks.	L 5 26 N 4 W	Yes	
If this production is commingled w	th that from any other lease or pool	, give commingling order number:	
. COMPLETION DATA		New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
Designate Type of Completi		New Well Worksver Deepen	Trug Buok
Designate Type of Completi			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Pool	Ivalic of Floadoring Familian		
Perforations			Depth Casing Shoe
	THRING CASING AN	ND CEMENTING RECORD	
	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE		
. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be	after recovery of total volume of load or depth or be for full 24 hours)	i and must be equal to or exceed top all
OIL WELL		Producing Method (Flow, pump, gas	lift. etc.)
Date First New Oil Run To Tanks	Date of Test	Producing Method (1 tow, pamp, geo	
		Cooling Processing	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	0.1012 3.110
			GRANCE SOFILM
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			KILLIYLU
<u> </u>	·		110000
GAS WELL			Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			OIL CON. COM.
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Sine DIST. 3
resumg Memod (phot, out pro)			
		OIL CONSED	ATION COMMISSION
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV	ATION COMMISSION

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.

Production Foreman (Title)

10-13-65 (Date) , 19

Original Signed Emery C. BY

Supervisor Dist. # 3 TITLE _

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 new and recompleted wells.

Fill out Sections I, II, III, and VI only 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 multiply completed wells.

NO. OF COPIES RECEIVED 5				
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104	
SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65	
U.S.G.S.	ALITHODIZATION TO TO	AND "LAND CORPORA	Pac AS	
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL PAIN NATURAL	ION PURCHACE-	
OIL /		PERMIT # PURCHASE	JCKING, INC. ALL THE AREA	
TRANSPORTER GAS /		INLAND CORPORATION	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 ION PURCHASED ALL THE ASSETS INCLUDED N. M. S. C. HAS LEEN TRANSFERRED TO	
PRORATION OFFICE			N. KANSFERRED TO	
Operator			CLYDE C. ICALL	
Consolidate	1 Oil & Gas Inc.		CLYDE C. Lamar, PRESIDENT	
Address			CRATION - LIVI	
P.O. Bex 20' Reason(s) for filing (Check proper b	38. Farmington, New Mexi	Other (Please explain)		
New Well	Change in Transporter of:	Office (1 tease explain)		
Recompletion	Oil Dry G	as []		
Change in Ownership	Casinghead Gas Conde	ensate 🗶		
If change of ownership give name and address of previous owner				
·				
DESCRIPTION OF WELL AN	D LEASE Well No. Pool N	ame, Including Formation	Kind of Lease	
			State, Federal or Fee	
Location	2	Blanco Mesaverde	Federal	
	968 Feet From The South Li	1286 Foot Fr	om The West	
Unit Letter;	reet From Ine	ine andreet in	OIII THE	
Line of Section 5	Township 26 North Range L	, NMPM, Rio	County	
	RTER OF OIL AND NATURAL G	AS	oproved copy of this form is to be sent)	
Name of Authorized Transporter of	Oil or Condensate	Address (Give address to which ap	oproved copy of this form is to be sent)	
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	P.O. Bex 1528, Far	proved copy of this form is to be sent)	
		Address (Otto tataless to which ap	provide copy of this joint to to be defined	
El Jaco	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.		-		
		rive commingling order numbers		
COMPLETION DATA	with that from any other lease or pool	, give comminging order number.		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v	
Designate Type of Comple	1	1	I I I	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
		Top Oil/Gas Pay	Tubing Depth	
Pool	Name of Producing Formation	Top On/Gds Pdy	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	ID CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this of	after recovery of total volume of load lepth or be for full 24 hours)	oil and must be equal to or exceed top allow	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	is lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			COLILA	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Stitivth\	
			MLULITED	
O A G WIDY Y			OCT 21 1965	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
netual Float Float Mel / B			Grivity of Condensate COM	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choka Size DIST. 3	
CERTIFICATE OF COMPLIA	NCE	OIL CONSER	RVATION COMMISSION	
. CERTIFICATE OF COMPEN	. CERTIFICATE OF COMPLIANCE			
Commission have been complied with and that the information given		APPROVED <u>OCT 2 1 1965</u> , 19,		
		1 - 4 4 4 6 4 4 5	BY Original Signed Emery C. Arnold	
above is true and complete to	the best of my knowledge and belief.			
		TITLE Supervisor Dist	# 4	
_	O^{-1}		in compliance with RULE 1104.	
Clurke &	T, 20, 21			
	ignature)	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		
Production	Foreman		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
- Froduction	(Title)	All sections of this form able on new and recompleted	i must be infed out completely for allow i wells.	
10-18-	65	Fill out Sections I. II, III, and VI only for changes of owner,		
	(Date)	11	porter, or other such change of condition	
		Separate Forms C-104 completed wells.	must be filed for each pool in multipl	
		,		

OPERATOR	GAS	/	
TRANSPORTER	OIL	<u>'</u> _	ļ
LAND OFFICE			
u.s.g.s.			<u> </u>
FILE		/	-
SANTA FE		/	
DISTRIBUTION			
NO. OF COPIES RECEIVED		<u>3</u>	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AND
AUTHORIZATION TO TRANSPORT OINAMD (CORDORATIONS PURCHASED ALL

	LAND OFFICE IRANSPORTER OIL / GAS /	OF BOTH LOMAR TRUCKING, INC. AND INLAND CRUD INC. THIS PURCHASE INCLUDED N. M. S. C. PERMIT # 670 WHICH HAS LEEN TRANSFERRED TO			
	OPERATOR /		INLAND CORPORAT	ION.	
I.	PRORATION OFFICE			CLYDE C. LOMAR, PRESIDENT	
	Operator			INLAND CORPORATION	
	Consolidated Oil	& Gas Inc.		3.0.11014	
	Address				
	P.O. Box 2038,	Farmington, New Mexico	Other (Please explain)		
	Reason(s) for filing (Check proper box		Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Go	==		
	Change in Ownership	Casinghead Gas Conde	nsate 🔟		
	If about of superable size name				
	If change of ownership give name and address of previous owner				
II.	DESCRIPTION OF WELL AND				
	Lease Name	Lease No. Well No. Pool No	ame, Including Formation	Kind of Lease	
	Hovt	2 1	lasin Dakota	State, Federal or Fee Federal	
	Location				
	17-11 1 -11-1	68 Feet From The South Lin	ne and 1286 Feet Fro	om The West	
	Unit Letter;;	reet Flom The Costoli Lin	ne dild		
	Line of Section 5 To	wnship 26 North Range	4 / West , NMPM,	Rio Arriba County	
	Ente of Section 3	whomp 20 Not on Hange	, , , , , , , , , , , , , , , , , , , ,		
***	DECICNATION OF TRANSPOR	TED OF OH AND NATURAL CA	10		
111.	Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL GA	Address (Give address to which ap	proved copy of this form is to be sent)	
	La Mar Trucking Go	Apany	P.O. Sex 1525, P	proved copy of this form is to be sent)	
	Name of Authorized Transporter of Ca		Address (Give address to which ap	proved copy of this form is to be sent,	
	Ed Vano mala	inf Mers CO			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When	
	give location of tanks.	I. 5 26 4	Yes		
	If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA	tti that from any other rease or poor,	give commissing order management		
•••		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completi	on $-(X)$			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Flourities - (DE DVD DT CD	Name of Englishing Formation	Top Oil/Gas Pay	Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/ Gas Fay		
				Depth Casing Shoe	
	Perforations			Depth Cusing Shoe	
		TUBING, CASING, AN	D CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
% 7	TEST DATA AND REQUEST F	OR ALLOWARIE (Test must be	after recovery of total volume of load	oil and must be equal to or exceed top allow-	
٧.	OIL WELL	able for this d	epth or be for full 24 hours)		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
		1	1		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF	
	Actual Ploat During 168t	011 - B2151			
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
	GAS WELL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate 1965	
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke SENL COM. COM.	
				TYST 3	
VI	CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION	
V 1.	CERTIFICATE OF COMPENANCE			The same of the sa	
	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.		APPROVED OCT 21	<u> 1965</u> , 19	
			BY Original Signed	Emery C. Arnold	
	-		<u> </u>		
		,	TITLE Supervisor Dist.	7 9	
			This form is to be filed	in compliance with RULE 1104.	
	Chyle Free ps		If this is a request for a	To this is a request for allowable for a newly drilled or deepened	
	KSian	nature)		magnied by a tabulation of the deviation	
	0	U	tests taken on the well in a	ccordance with RULE 111.	
	Production Foreman		All sections of this form	All sections of this form must be filled out completely for all	

(Title)

10-19-65

All sections of this form must be filled out completely for allowable 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 multiply completed wells.