| ı | NO. OF COPIES RECEIVED | | | | | | |
|------------|--|----------------------------------|-----------------------|---|--------------------|----------------------------|---|
| | DISTRIBUTION SANTA FE / | i . | XICO OIL C REQUEST | FOR ALL | TION COMMISSIO | Ν | Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65 |
| | U.S.G.S. LAND OFFICE | AUTHORIZATIO | ON TO TRA | AND NSPORT | OIL AND NATU | JRAL GAS | Fuective 1-1-03 |
| | TRANSPORTER OIL / GAS / OPERATOR / | | | | NL C | OF DUPCHAS | TO ALL THE ASSETS |
| Ι., | PRORATION OFFICE Operator | | | OF INC. | , 1 . | | |
| | Address Consolidated Oil | | | INLA | ND Company | CENE. | CORPURATION |
| | Reason(s) for filling (Check proper both Mew Well Heacompletion | Change in Transport | | | OF BOTH Letter | RATION PURC R TRUCKING, | CHASED ALL THE ASSETS INC. AND INLAND CEUDE, |
| | Change in Ownership | Casinghead Gas | Conden | Suite 1 | | /,:ICH HAS .I | ED N. M. S. C EEN TRANSFERRED TO |
| | and address of previous owner DESCRIPTION OF WELL AND | LEASE | | | | CLYI | DE C. Lamar, president. ND Corporation |
| | Lease Name Tribal *C* Location | | No. Pool Nar | ne, Includin | | 1 | of Lease , Federal or Fee |
| | Unit Letter;; | Feet From The Ne | rthLine | e and |)90 Fee | et From The | West |
| i | Line of Section , To | wnship 26 North | Range | West | , NMPM, | Rio Arr | County |
| | Name of Authorized Transporter of Oi Name of Authorized Transporter of Oct. The Production of Company of Com | under Gas or Dry Unit Sec. Twp. | GasRge. | Address (| ually connected? | | y of this form is to be sent) |
| | If this production is commingled w | | ase or pool, | give comm | ingling order numb | per: | |
| | Designate Type of Completi | on - (X) | Gas Well | New Well | Workover De | epen Plug | |
| | Date Spud-led Pool | Date Compl. Ready to Pro | | Total Dep | | P.B. | r.D. |
| | Perforations | | | | | | n Casing Shoe |
| | | TUBING, C | ASING, AND | CEMENT | ING RECORD | | |
| | HOLE SIZE | CASING & TUBIN | G SIZE | | DEPTH SET | | SACKS CEMENT |
| | | | | | | | |
| v . | | | | ter recovery of total volume of load oil and must be equal to or exceed top allowable or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.) | | | |
| | Length of Test | Tubing Pressure | | Casing Pr | essure | Chok | · Siz OFTFIVED |
| | Actual Prod. Euring Test | Oil-Bbls. | | Water - Bbl | s. | Gas- | 1 1965 |
| | GAS WELL | | | | | | OIL C(12. C(13.) |
| | Actual Prod. Test-MCF/D | Length of Test | | Bbls. Cond | densate/MMCF | Gravi | ty of Condensate |
| | Testing Method (pitot, back pr.) | Tubing Pressure | | Casing Pro | essure | Chok | e 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.

| | 1 | |
|--------|----------------|--|
| p | 0 | |
| 1000 | O I O I | |
| (Kush | - Thillips | |
| 7 | (Signature) | |
| O | | |
| Dane. | estion Foremen | |

dustion Fores

10-18-65 (Date)

OIL CONSERVATION COMMISSION

APPROVED 0CT 2 1 1965

Original Signed Emery C. Arnold

TITLE Supervisor Dist. # 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 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.