	NO. OF COPIES RECEIVED			
	DISTRIBUTION	NEW MEXICO OU .	CONCEDUATION COMMISSION	
	SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-11
	FILE , -		AND	Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	ANSHINEAND CORPORATION BUR	CHASED ALL THE ASSETS
	LAND OFFICE	OF BOTH LAMAR TRUCKING, INC. AND INLAND COUDE		
	TRANSPORTER OIL /	INC. THIS PURCHASE INCLUDED N. M. S. C.		
	PERMIT # 670 WHICH HAS BEEN TRANSFERRED OF TRANSFER			
_	PRORATION OFFICE	CLYDE C. Lamar, F. 10347		
1.	Cperator Cperator			AND CORPORATION
	Consolidated Oil & Ges Ins. Address			
	P.O. Box 2038, Farmington, New Mexico			
	P.O. Box 2038, Farmington, New Mexico  Reason(s) for filing (Check proper box)  Other (Please explain)			
	New Well	Change in Transporter of:		
	Recompletion	Oil Dry Ga	<b>=</b> 1	
	Change in Ownership	Casinghead Gas Conder	nsate 🗝	
	If change of ownership give name and address of previous owner			
II.	DESCRIPTION OF WELL AND			7000
	Lease Name		me, Including Formation	Kind of Lease State, Federal or Fee
	Champlin		Lanco Mesaverde	State, Federal of Fee Federal
	Unit Letter B; 1060 Feet From The North Line and 1850! Feet From The Rast			
	Line of Section	umahin All an Maria	THE A STRATEGY STATE A	Country Country
	Line or Section 35 , To	wnship 27 North Range	West , NMPM, Rio A	yriba County
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	AS	
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)			
	La Ker Trucking Com	OBWY-	P.O. Box 1528. Farm	ington, New Mexico
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)			
	Col flams but gree O Unit Sec. Twp. Rge. Is gas actually connected? When			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	een
		B 35 27 N A W	Yes	
	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	
•••		Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'.
	Designate Type of Completion	on — (X)		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	Perforations			Depth Cashing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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)			
	OIL WELL  Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	ift, etc.)
	Bate i list ive well itali i o i aliae		i rounding months (1 tous, pump, gas )	CITIVEN
	Length of Test	Tubing Pressure	Casing Pressure	Choke Mae
				7 1095
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	GG-MCOCT 21 1965
				I CON COIN
	GAS WELL			Ole -
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condonnate
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI.	. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	Therefore and the Abel Abel and a series and		APPROVED 0CT 2 1 1965 , 19	
	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.			
			BY Original Signed Emery C. Arnold	
-			TITLE Supervisor Dist. # 3	

Production Fore

10-18-65<sub>(Date)</sub>

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.