NO. OF COPIES RECEIVED	4		/
DISTRIBUTION SANTA FE /		COMSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS
LAND OFFICE			
TRANSPORTER GAS ;	_		
OPERATOR PRORATION OFFICE			ION PURCHASED ALL THE ASSETS UCKIN 3, INC. AND INLAND CRUDE,
Cperator Cperator		<u>-</u> .	E INCLUEED N. M. S. C
A idress	Υ	PERMIT 52 670 V/RBS	CH HAS LEEN TRANSFERRED TO
Reason(s) for filing (Check proper bo	Durango, Colorado	Other (Please explain)	CLYDE C. LGMAR, PRESIDENT INLAND CORPORATION
New Weil	Change in Transporter of:		MALAND CORPORATION
Recompletion	Oil Dry G	SILU SYLTOSILA	1, 1965
Change in Ownership	Casinghead Gas Cond	ensate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	D LEASE	ame, Including Formation	Kind of Lease
Lease Na: ie	20	,	State, Federal or Fee
Location		Dakota	
Unit Letter <u>D</u> ;	Feet From TheL	ine and Feet From	n The
Line o: Section 🚜 , T	Ownship 66N Range	, NMPM,	Ian Juan County
DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of C		Address (Give address to which spp)	oved copy of this form is to be sent)
Ta Inu Srucki	ing		minglan, The Orif.
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which app	ved copy of mis form is to be sent)
El Paso Natural Gas	Company		ngton, New Mexico
If well produces oil or liquids,	Unit Sec. Twp. Rge.	ls gas actually connected?	hen
give locat on of tanks.	D 28 26 11		
If this production is commingled v	with that from any other lease or pool	, give commingling order number:	
Designate Type of Complet	oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
		Total Depth	P.B.T.D.
Date Spud-led	Date Compl. Ready to Prod.	Total Depth	F.B.1.D.
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TURING CASING A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
NOLE SIZE	CASINO & TODINO 5122		
TEST DATA AND REQUEST		after recovery of total volume of load o lepth or be for full 24 hours)	il 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, gas	lift, etc.)
Length of Test			
Length of lest	Tubing Pressure	Casina Pressure	Choke Size
	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Tubing Pressure Oil-Bbls.	Casing Pressure Water-Bbls.	Choke Size
Actual Prod. During Test			
Actual Prod. During Test GAS WELL			Gas-RECEIVED
			Gas-RECEIVED SravitMAY 26 1965
GAS WELL Actual Prod. Test-MCF/D	Cil-Bbls. Length of Test	Water-Bbls. Bbls. Condensate/MMCF	Gas-RECEIVED Scavit MAY 2.6.1965 CH. CON. COM.
GAS WELL	Cil-Bbls.	Water-Bbls.	Gas-RECEIVED Sravin MAY 2.6.1965
GAS WELL Actual Prod. Test-MCF/D	Cil-Bbls. Length of Test Tubing Pressure	Water-Bbls. Bbls. Condensate/MMCF Casing Pressure	Gas-RECEIVED Scavit MAY 2.6.1965 CH. CON. COM.

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.

District Office Supervisor

5-24-65

19 APPROVED MAY 2.6

BY 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.

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