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	LAND OFFICE		i - · · · ·	- AUTH	IURIZATIC	JN TO TRA	MOPOR	FOIL AND N	IATURAL	GAS			
		OIL	1,										
	TRANSPORTER	GAS	+	-									
	OPERATOR	1	 										
I.	PRORATION OFFICE												
1.	Operator		1						-	<u></u>			
	Reason(s) for filing New Well Recompletion Change in Ownershi If change of ownersand address of pre-	(Check	proper bos	Change Oil	in Transporte	er of: Dry Go	s asate X	Other (Please	explain)				
II.	DESCRIPTION C			LEASE	Weil	No. Pocl Na		ing Fermation			se Federa	1 8 Fee	
	Fifiel	d 🎾 -:	<u> </u>		1		Basin	Dakota		State, Feder	alorFee		
	Location	• 2											
	Unit Letter	1	790	Feet F	rom The	South Lir	e and	1450	_ Feet From	The #05t			
	Line of Section	_5	, То	ownship 29N	L	Range 11	ł	, NMPM,		Shah j	WAR	County	
III.	DESIGNATION C Name of Authorized LaMar	Truck	orter of Oi	il or Inc.	Condensate	<u>*</u>	Box 1	(Give address to 1528, Farm) (Give address to 1528)	ington,	N. M.			
	Address (Give address to which approved copy of this form is to be sent) OF BOTH LAMAR TRUCKING, INC. AND INLAND CRUDE,												
	INC. THIS PUBCH	ASE IN	CLUDED	NUM. S. G	ec. Twp.	Rge.	Is gas a	ctually connecte	ed? W	hen			
IV.	ENLAND CORPOR		CLYDE	C. Lamak,	PKESIDEN					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		D. C. S.	
	Designate Ty		INLANI Completi	\mathbf{D} CORPORAT \mathbf{O}	ION Well	Gas Well	New Wel	l Warkover	Deeper.	Plug Back	Same Restv.	Diff. Res'v.	
	Date Spudded			Date Compl.	Ready to Pr	od.	Total De	epth		P.B.T.D.			

Top Oil/Gas Pay Tubing Depth Name of Producing Formation Pool Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load able for this depth or be for full 24 hours) eed top allow-OIL WELL Producing Method (Flow, pump, go Date First New Oil Run To Tanks Length of Test Tubing Pressure Casir.g Pressure Water-Bbls. Cil-Bbls. Actual Prod. During Test

Actual Prod. Test-MCF/D Bbls. Condensate/MMCF Length of Test Choke Size Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION

GAS WELL

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.

	Original signer by JOHN To Market
	(Signature)
Manager	(Signature)
	(Title)

(Date)

Gravity of Condensate

APPROVED

TITLE Supervisor Link # 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.