		<u>.</u>			
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SANTA FE			ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-11	
FILE /	1 - F	KEQUESI	FOR ALLOWABLE	Effective 1-1-65	
U.S.G.S.	AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS				
LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
TRANSPORTER GAS			OF BOTH LOMAR TRUCK	I PURCHASED ALL THE ASSETS (ING, INC. AND INLAND CRUDE,	
OPERATOR 2				ICLUDED N. M. S. C. C.	
PRORATION OFFICE				HAS DEEN TRANSFERRED TO	
Operator			INLAND CORPORATION	CLYDE C. LaMAR, PRESIDENT	
Beta Developmen				INLAND CORPORATION	
	Plaza, Farmington	, N. M.			
Reason(s) for filing (Check proper t			Other (Please explain	n)	
Hew Well	Change in Transpo	rter of: Dry Ga			
Recompletion Change in Ownership	Oil Casinghead Gas	<b>≓</b> '	nsate X		
· .nitige in Ownership	Custingheda das [		isate [M]		
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AN	D LEASE	ll No. Pool Na	me, Including Formation	Kind of Lease	
Ruby Corscot		1	Basin Dakota	State, Federal or Fee	
Location					
Unit Letter C ; 79	Feet From The	North Lin	ne and <b>1850</b> Feet	From The West	
omt Letter,					
Line of Section 25 ,	Township 30N	Range	, NMPM,	San Juan County	
II. DESIGNATION OF TRANSPO Name of Authorized Transporter of			Address (Give address to which	h approved copy of this form is to be sent)	
Name of Authorized Transporter of	Casinghead Gas or D	ry Gas	Address (Give address to which	h approved copy of this form is to be sent)	
to all and an all and founds	Unit Sec. Tw	p. Rge.	Is gas actually connected?	When	
If well produces oil or liquids, give location of tanks.	C 25 3	DN 12#			
If this production is commingled	with that from any other		give commingling order number	er:	
V. COMPLETION DATA					
Designate Type of Comple	Oil Well	Gas Well	New Well Workover Dee	pen Plug Back Same Res'v. Diff. Res'v.	
				P.B.T.D.	
Date Spudded	Date Compl. Ready to I	Prod.	Total Depth	P.B.1.D.	
Freel	Name of Producing For	mation	Top Oil/Gas Pay	Tubing Depth	
Pool	Name of Froducing 1 of	inditon	100 011/ 040 1 47		
Perforations				Depth Casing Shoe	
	TUBING,	CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUB	ING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST	FOR ALLOWABLE	Test must be a able for this de	ifter recovery of total volume of lepth or be for full 24 hours)	oad 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	, gas lift, etc.)	
Length of Test	Tubing Pressure		Casing Pressure	Chole Exe	
				(aluli)	
Actual Prod. During Test	Oil-Bbls.		Water-Bbls.	Ges-100 1973	
				MAR'S COM	
				( COM: 3 /	
GAS WELL	I or -th - ( m - )		Phle Condonests Agran	Gravity (Condensate	
Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure	<del></del>	Casing Pressure	Choke Size	
resumg Memod (pmon, back pr.)	raping riessure		Sabing Frenche	0.000	
VI CERTIFICATE OF COVEY	ANCE		OIL CONS	EDVATION COMMISSION	
I. CERTIFICATE OF COMPLIANCE			OIL CONS	ERVATION COMMISSION	
I hereby certify that the rules a	nd regulations of the Oil	Conservation	APPROVEDMAR 9 1	965, 19	
Commission have been complied	d with and that the info	rmation given	11	<del>-</del>	
above is true and complete to the best of my knowledge and belief.			BY Original Signed Emery C. Arnold		
			Supervisor Dist	. # 3	

Original signed by: <u>IOHN T. HAMPTON</u> (Signature)

Manager

Merch 8, 1965

(Title)

(Date)

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.