Line of Section   18    7 ownship   278   Range   138    NMPM,   Sea Juan	-	,					
DESCRIPTION OF WELL AND LEASE  Licease Section 18 . Township give name and different of previous connections of the previous connections of th	NO. OF COPIES RECEIVED	<del>-</del> 7					
REQUEST FOR ALLOWABLE  AND  AUTHORIZATION TO TRANSPORT ONLAND CORROBATION SPURCHASED ALL THE  AND  AUTHORIZATION TO TRANSPORT ONLAND CORROBATION SPURCHASED ALL THE  FOR AND OFFICE  OF SCHIL ISLAND RECKENING, INC. AND IN. A. S. C.  FERMIT # 570 WHICH HAS LERN TRANSFERRED  INLAND CORPORATION  OFFICE  Operation  CIVIDE - LowAR, PR  INLAND CORPORATION  Address  Operation  CIVIDE - LowAR, PR  INLAND CORPORATION  CIVIDE - LowAR, PR  INLAND CORPORATION  Address  Operation  Inc. THIS PURCHASE INCLUDED N. M. S. C.  FERMIT # 570 WHICH HAS LERN TRANSFERRED  INLAND CORPORATION  CIVIDE - LowAR, PR  INLAND CORPORATION  CONCERNED - Contract of C							
AND OFFICE  LAND OFFICE  AND OFFICE  OPERATION  OPERATI				SION	· · · · <del>-</del>		
AUTHORIZATION TO TRANSPORT CINIAND CORRESPONDING PURCHASED ALL THE OF BOTH LIGHAR TRUCKING, INC. AND INLAN INC. HIS PURCHASE INCLIDED N. A. S. C. PERMIT # 70 WHICH HAS LERN TRANSFORTER OF BOTH LIGHAR TRUCKING, INC. AND INLAN INC. HIS PURCHASE INCLIDED N. A. S. C. PERMIT # 70 WHICH HAS LERN TRANSFORTER OF INLAND CORPORATION.  CLYDE G. LOMAR, PR INLAND CORPORATION.  Address Royal Development Co.  Royal Development Co.  Royal Rex # 42  Designated  Consideration  District From the Line and Green Control of Control o		REQUEST	FOR ALLOWABLE				-104 and C-11
TRANSPORTER OIL / GAS AND INLAND STATE OF CONTROL OF CO	· · · · · · · · · · · · · · · · · · ·	$\stackrel{\frown}{\rightarrow}$	AND				
TRANSPORTER OIL / GAS   NNC. THIS PURCINES INCLIDED N. M. S. C. PERMIT # COT WHICH HAS LEEN TRANSPORTER   NAND CORPORATION.  PERMIT # COT WHICH HAS LEEN TRANSPORTER   NAND CORPORATION.  RESEARCH   Of Illing (Check proper box)   Check proper box)   Check proper box)   Check proper box   Check prope	U.S.G.S.	AUTHORIZATION TO TR	ansport o <b>inland G</b>	ATROPPALTIO	SPIRCHAGEN	A12	
DESCRIPTION OF WELL AND LEASE Locate Notes  Royal Beryel previous wenter  He change of ownership give name and address of previous wenter  Boyal Beryel previous wenter  He change of ownership give name and address of previous wenter  Boyal Beryel 42  Under granted  Will Not Pool Name, Including Formation  He change of ownership give name and address of previous wenter  Boyal Beryel 42  Under granted  State, Federal or Fee Pool Name and Spage Locate Name  Royal Beryel 42  Under granted  State, Federal or Fee Pool Name, Including Formation  Royal Beryel 42  Under granted  State, Federal or Fee Pool Name and Address of the State, Federal or Fee Pool Name, Including Formation  Royal Beryel 42  Under granted  State, Federal or Fee Pool Name Address on thick approved copy of Mir form to to the Authorities Transporter of Continued Townsporter of Continued Townsporte	LAND OFFICE		OF BOTH La	MAR TRUC	KING INC A	ALL THE	ASSETS
PERSONATION OFFICE  CONTROL OFFI  CONTRO	VEANCEDOTTED OIL /		INC. THIS P	HDCS:ACE II	NOUS INC. A	ND INLAI	ND CRUDE,
Consecutor  Respond Development Co  Address Royal Development Co  Respond Deve				U11 C 1 179.22" 11	1NI 1111111111 N. 1		
Consecutor  Respond Development Co  Address Royal Development Co  Respond Deve		-	PERMIT # 0/	O WHICH	HAS LEEN TRA	ANSFERRE	ED TO
Corrector  NAMAND CORPORATIO  Address Sort 1299 Albuquerque N M  Resont(s) for filing (check proper box)  Other (Flence explain)  Resont(s) for filing (check proper box)  Other (Flence explain)  Continue in Owership  Continue in Owership  Other (Flence explain)  Nind of Leone  State (Flence explain)  Nind of Leone		_	INLAND CO	RPORATION	N.		,
Respon() for filling (Check proper law)  Respon() for filling (Check proper law)  New Next)  Respon() for filling (Check proper law)  Change in Tremsporter of Check proper law)  Change in Tremsporter of Check proper law)  Change in Tremsporter of Check proper law)  Respon() for filling (Check proper law)  Respon() for f			<u> </u>		CLYDE C. L	aMAR PI	DECIMENT
Respond to thing (check proper box)  Respond to thing (check proper box)  New Well  If change of ownership  Change in Conservation  Class and address of previous owner  If change of ownership give name and address of previous owner  BOSA 1299 Albuquerque N H  Resconpletion  Class a fine of the conservation  Constrained Conservation  Conservation  Conservation  Repair (Conservation)  DESCRIPTION OF WELL AND LEASE  Lone of Section  Royal Rex # 42  Undersignated  State, Federal or Fee  Royal Rex # 42  Undersignated  State, Federal or Fee  Lone of Section  18 , Township  278 Ronge  137 , NuPhi,  San Juan  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  From a Chalbertsed Transporter of Collinguistic Gas  From a Chalbertsed Transporter of Collinguistic Gas  Inland Crade Nell-Read-Buyer  Laker Fields  Name of Adultersed Transporter of Collinguistic Gas  or Dry Gas  Address (Dies address to which approved copy of this form is to be  Tall and Crade Nell-Read-Buyer  Laker Tedags  Name of Adultersed Transporter of Collinguistic Gas  or Dry Gas  Address (Dies address to which approved copy of this form is to be  Tall and Crade Nell-Read-Buyer  Laker Tedags  Name of Adulterse (Dies address to which approved copy of this form is to be  Tall and Crade Nell-Read-Buyer  Laker Tedags  Address (Dies address to which approved copy of this form is to be  Tall and Crade Nell-Read-Buyer  Address (Dies address to which approved copy of this form is to be  Tall and Crade Nell-Read-Buyer  Address (Dies address to which approved copy of this form is to be  Tall and Crade Nell-Read-Buyer  Address (Dies address to which approved copy of this form is to be  Tall and Crade Nell-Read-Buyer  Address (Dies address to which approved copy of this form is to be  Tall and Crade Nell-Read-Buyer  Address (Dies address to which approved copy of this form is to be  Total Copy of Completion  (Call Vell Gas Well New Vell Work over Desper  Depth Cesting Shoe  Tubing Pressure  Charles Teda North Copy of Completion  Conserved William  Address (Dies Addr	Operator				INLAND CO	DDODATI	VESIDEM!
Box 1299 Albuquerque N M Resosto() for filing (Cack proper hos) New Well Recompletion Other (Flease explain) Recompletion Other (Flease explain) Recompletion Other (Flease explain)  If change of ownership give name and address of previous owner  Description OF WELL AND LEASE Lecetion  Boyal Rex 1/2 Lecetion Unit Letter D ; 990 Feet From The Horth Litre and 990 Feet From The West Lecetion Unit Letter D ; 990 Feet From The Horth Litre and 990 Feet From The West Lecetion  Designation OF TRANSPORTER OF OIL AND NATURAL GAS  Frame of Alabertee Transporter of Oil (1) To condensate Transporter Oil (1) To condensate Transporter Oil (1) To condensate Transporter Oil (1) To conde	Royal Developmen	t Co				M OKA III	014
Recompletion   Charge in Temaperter of   C	Address	-					
Recompletion   Charge in Temporter of the Char	Box 1200 Albuque	rave N M					
Mecompletion   Coll   Casistaneed Gas   Condensate	Reason(s) for filing (Check proper bo	ox)	Other (Please ex	xplain)		<del>,</del>	
Condensate   Con	New Well	Change in Transporter of:					
Change of Ownership   Quie name and address of previous owner	Becompletion	· —	as [				
If change of ownership give name and address of previous owner  DESCRIPTION OF WELL AND LEASE  Lease Name  Royal Rex # 42  Location  Unit Letter D : 990 Feet From The Morth Line and 990 Feet From The Line of Section 18 , Township 278 Range 178 , NMPM, San Juan  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Rices of Authorized Transporter of Cit	· ==		<b></b>				
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Line of Section 16 Transporter of Oil 2 of Condensets Transporter of Oil 2 of Condensets Address (Dive address to which approved copy of this form is to be Transporter of Oil 2 of Condensets Address (Dive address to which approved copy of this form is to be Transporter of Oil 2 of Condensets Transporter of Oil 3 of Condensets Transporter of Oil 3 of Condensets Transporter of Oil 4 of Condensets Transporter of Oil 5 of Condensets Transporter Oil 5 of Condensets	Change in Ownership	Casingheda Gas Conde	ensate		<del> </del>		
DESIGNATION OF WELL AND LEASE  Lease Name  Royal Rex # 42  Location  Unit Letter D : 990 Feet From The KORTH Line and 990 Feet From The Karth Line and 990 Feet From The Line of Section 18 , Township 27 Range 17 , NMPM, San Juan  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Citi D or Condensets Transporter of Consingenced dom or to the Control of Section 18 or Condensets Transporter of Consingenced dom or to the Control of Section 19 or Condensets Transporter of Consingenced dom or to the Control of Section 19 or Condensets Transporter of Consingenced dom or to the Control of Section of Section 19 or Section 19 or Section 19 or Section of Section 19 or Section of Section 19 or Secti	f change of ownership give name						
DESCRIPTION OF WELL AND LEASE  Local Name  Royal Rox # 42  Undesignated  No. Pool Name, Including Formation  Unit Letter D : 990 Feet From The North Litre and 990 Feet From The Nath  Line of Section 18 , Township 278 Range 13 , NMPM, Ban Juan  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cill T or Condensate Triang  Name of Authorized Transporter of Calinghedd Gas or Dry Gas Address (Give address to which approved copy of this form is to be Talled Transporter of Calinghedd Gas or Dry Gas Address (Give address to which approved copy of this form is to be Talled Transporter of Calinghedd Gas or Dry Gas Address (Give address to which approved copy of this form is to be Talled Transporter of Calinghedd Gas or Dry Gas Address (Give address to which approved copy of this form is to be Talled Transporter of Calinghedd Gas or Dry Gas Address (Give address to which approved copy of this form is to be Talled Transporter of Calinghedd Gas or Dry Gas Address (Give address to which approved copy of this form is to be Talled Transporter of Calinghedd Gas or Dry Gas Address (Give address to which approved copy of this form is to be Talled Transporter of Calinghedd Gas or Dry Gas Address (Give address to which approved copy of this form is to be fit will produce of tonks.  If well produces oil or liquids, diversity of this form is to be approved copy of this form is to be gas advantly connected?  Ween  Total Depth Gas Well Workover Deepen Plug Back Same Resty.  Date Spudded Date Compl. Ready to Prod.  Total Depth Workover Deepen Plug Back Same Resty.  Dest Spudded Date Compl. Ready to Prod.  Total Depth Pool Depth Plug Back Same Resty.  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  Tubing Depth Casing Shoe  Tubing Producing Method (Flow, pump, gas lift, ste.)  Tubing Producing Method (Flow, pump, gas lift, ste.)  Tubing Total P							
Well No.   Pool Name, Including Formation   Kind of Lease   State, Federal or Fee   The Continuous   March   Line and   State   Federal or Fee   The Line and   Stat				-			-
Well No.   Peol Name, Including Formation   Kind of Lease   State, Federal or Fee   Marth   Line and   990   Feet From The   Well   Unit Letter   D   ; 990   Feet From The   Marth   Line and   990   Feet From The   West   Line of Section   18   Township   278   Range   138   NMPM,   San Juan      DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Address (Give address to which approved copy of this form is to be   Taland Cynth   Name of Authorized Transporter of Cill   or Condensate   Taland Cynth   Name of Authorized Transporter of Cosinghead Cos   or Dry Gas   Address (Give address to which approved copy of this form is to be   Taland Cynth   Name of Authorized Transporter of Cosinghead Cos   or Dry Gas   Address (Give address to which approved copy of this form is to be   Taland Cynth   Name of Authorized Transporter of Cosinghead Cos   or Dry Gas   Address (Give address to which approved copy of this form is to be   Taland Cynth   Name of Cosinghead Cos   or Dry Gas   Address (Give address to which approved copy of this form is to be   Taland Cynth   Name of Cosinghead Cos   or Dry Gas   Address (Give address to which approved copy of this form is to be   Taland Cynth   Name of Dry Gas   Dry Gas   Or	DESCRIPTION OF WELL AND	LEASE					
Location  Unit Letter D ; 990 Feet From The North Line and 990 Feet From The North  Line of Section 18 , Township 278 Range 138 , Nimph, Sen Juan  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS.  Name of Authorized Transporter of Oil © or Condensate Trining  Name of Authorized Transporter of Oil © Address (Give address to which approved copy of this form is to be Thank Orthon North Continued Cost or Dry Gas Address (Give address to which approved copy of this form is to be It well produces oil or liquids, Junit Sec. Twp. Rge. Address (Give address to which approved copy of this form is to be It well produces oil or liquids, Junit Sec. Twp. Rge. Is gas actually connected? When It has production is commingled with that from any other lease or pool, give commingling order numbers COMPLETION DATA  Designate Type of Completion — (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Designate Type of Completion — (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Performance True Spudded Date Compl. Ready to Pred. Total Depth P.B.T.D.  Total Depth Predictions Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING a TUBING SIZE DEPTH SET SACKS CEMEN.  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceeding for this depth or be for full 24 hours.)  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceeding for this depth or be for full 24 hours.)  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceeding for this depth or be for full 24 hours.)  Test DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceeding for this depth or be for full 24 hours.)  Test DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceeding for this depth or be for			ame, Including Formation		Kind of Lease		
Location  Unit Letter: D: 990 Feet From The North Line and 990 Feet From The North Line of Section 18 , Township 278 Range 13 , NMPM, Sen Juan  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS.  Name of Authorized Transporter of Cull c or Condensate Triange Transporter of Cull condensate Triange Transporter of Cusinshead Cas or Dry Gas Address (Give address to which approved copy of this form is to be It well produces cull or liquids, D 18 27N 15t	Dames Dameste 40	<b>-1019</b> 17	inci matai		State, Federal o	or Fee 1	Fed
Unit Letter D ; 990 Feet From The North Line and 990 Feet From The Nath  Line of Section 18 , Township 278 Range 178 , NMPM, San Juan  DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Cill 2 or Condensate Address (Give address to which approved copy of this form is to be Inland Crudo Nell Head Buyer Lakiar Triding  Name of Authorized Transporter of Casinghead Cas or Dry Gas Address (Give address to which approved copy of this form is to be It well produces oil or liquids, D 18 27N 13W  If well produces oil or liquids, D 18 27N 13W  If this production is commingled with that from any other lesse or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  Perforentions Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or secessable for this depth or be for full 24 hours.  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or secessable for this depth or be for full 24 hours.  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or secessable for this depth or be for full 24 hours.  Casing Pressure Choke Size  Actual Prod. Test Unbing Pressure Choke Size  GAS WELL  Actual Prod. Test-MCF/D Length of Test Bibs. Condensate/MMCF Grevity of Cadesagon.		Apple One	1921 SINT CO.		Diato, 1 dania: (		1 60
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  **Name of Authorized Transporter of Coll **Q**  Inland Crude Well Head Buyer* Laker Triding    Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this form is to be   Farmington N   Address (Give address to which approved copy of this	Location						
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  **Name of Authorized Transporter of Oil © or Condensate   Address (Give address to which approved copy of this form is to be  **Inland Crude Well Head Buyer   Lakar Triding	Unit Letter <b>D</b> :	990 Feet From The North Li	ne and <b>990</b>	Feet From T	he Wes	i <b>t</b>	
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil C or Condensate Tarking  Name of Authorized Transporter of Oil C or Condensate Tarking  Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be Address (Give address to which approved copy of this form is to be It well produces oil or liquids, give location of tonks.  D 18 27N 13W  New Oil you commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMEN  TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceeding the production of the pro				•			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  "Name of Authorized Transporter of Oil O or Condensate   Address (Give address to which approved copy of this form is to be Inland Orndo-Well Head Bayer   Leiter Trieng   Address (Give address to which approved copy of this form is to be Inland Orndo-Well Head Bayer   Leiter Trieng   Address (Give address to which approved copy of this form is to be It well produces oil or liquids, give location of tents.   D							_
Address (Give address to which approved copy of this form is to be   Inland Crude Well Head Buyer   Laker Trieng   Parmington N   Name of Authorized Transporter of Casinghead Gas or Dry Gas   Address (Give address to which approved copy of this form is to be   If well produces oil or liquids, quive location of tanks.   D   18   27N   13W     If this production is commingled with that from any other lesse or pool, give commingling order number:    COMPLETION DATA   Designate Type of Completion - (X)   Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Resty,	line of Section In . To	ownship 27N Range	13 . NMPM.	San .	Juan		County
If well produces oil or liquids, alve location of tanks.  D 18 27N 13W  If this production is commingled with that from any other lesse or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Pool  Name of Producing Formation  Top Cil/Gas Pay  Tubing Depth  Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMEN  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Choke Size  Actual Prod. During Test  Casing of Test  Bbls. Condensate/MMCF  Gravity of Condensate/NMCF  Gravity of Condensate/NMCF  Canada Prod. Condensate/MMCF  Bbls. Condensate/MMCF  Gravity of Condensate/NMCF  Canada Prod. Condensate/MMCF  Canada Pro	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G.	AS Address (Give address to t	which approv	· <u> </u>	orm is to b	County e sent)
If well produces oil of liquids, alve location of tanks.  D 18 27N 13W  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Perforations  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMEN  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Cabing Pressure  Choke Size  Gas-MCF  Gravity of Condenage Number  Choke Size  CASWELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condenage Number  Condensate/MMCF  Gravity of Condenage Number  Condensate/MMCF  Carouty of Condenage Number  Choke Size  Carouty of Condenage Number  Carouty of Condenage Numb	DESIGNATION OF TRANSPORTION OF Authorized Transporter of O	RTER OF OIL AND NATURAL G. or Condensate  A Buyer Leker Tricing	AS Address (Give address to the Farmington N.)	which approv	ed copy of this fo		e sent)
If well produces oil or liquids, give location of tanks.  D 18 27N 13W  If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (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  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMEN  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Cabing Pressure  Cabing Pressure  Choke Size  Gas -MCF  CASING ACTUAL Prod. During Test  CASING Test  Water-Bbls.  Caravity of Condenage Number of Condenage Nu	DESIGNATION OF TRANSPORTION OF Authorized Transporter of O	RTER OF OIL AND NATURAL G. or Condensate  A Buyer Leker Tricing	AS Address (Give address to the Farmington N.)	which approv	ed copy of this fo		e sent)
If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  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  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMEN  TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  GRAVIty of Condensate/MMCF  Gravity of Condensate/MMCF  Gravity of Condensate/MMCF  Gravity of Condensate/NAMCF  Oil-Condensate/NAMCF  Oil-Condensate/NAMCF  Oil-Condensate/NAMCF  Oil-Condensate/NAMCF  Oil-Condensate/NAMCF	DESIGNATION OF TRANSPORMATION	RTER OF OIL AND NATURAL G. OIL TO OF CONDENSATE THANKS CONTROL OF DRY Gas OF DRY Gas OF DRY Gas	AS Address (Give address to t  Farmington N A  Address (Give address to t	which approv M which approv	ed copy of this fo		e sent)
Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMEN  TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Discondensate/MMCF  Despen  Plug Back  Same Resty,  Tubing Depth  P.B.T.D.  Pool!/Gas Pay  Tubing Depth  Paging Shoe  Tubing Depth  Paging Shoe  Casing Shoe  Casing Shoe  Casing Shoe  Casing Shoe  Casing Pressure  Choke Size  Choke Size  Actual Prod. During Test  Oil -Bbls.  Date of Test  Discondensate/MMCF  Same Resty,  Plug Back  Same Peth,  Plug Back  Same Peth  Plug Back	DESIGNATION OF TRANSPORTION OF TRANSPORTION OF Authorized Transporter of Common	RTER OF OIL AND NATURAL G. OIL TO CONDENSATE THE CONTROL OF Dry Gas Unit Sec. Twp. Rge.	AS Address (Give address to a Tarmington N ) Address (Give address to a list gas actually connected?	which approv M which approv	ed copy of this fo		e sent)
Designate Type of Completion — (X)  Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty,  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  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours)  Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Tubing Pressure Choke Size  Gas MCF RETEN  GAS WELL  Actual Prod. During Test Oil-Bbls. Bbls. Condensate/MMCF Gravity of CondensateN.	DESIGNATION OF TRANSPORTION OF TRANSPORTION OF TRANSPORTION OF TRANSPORTION OF Authorized Transporter of Communication of Authorized Transporter of Communication of tanks.	RTER OF OIL AND NATURAL G. OIL TO OF Condensate  A Buyer Letter Triang Casinghead Gas or Dry Gas  Unit Sec. Twp. Rge. D 18 27N 13	AS Address (Give address to a  Farmington N A  Address (Give address to a  Is gas actually connected?	which approve which approve?	ed copy of this fo		e sent)
Designate Type of Completion — (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  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours)  Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Tubing Pressure Choke Size  Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF  GAS WELL  Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity bi Condensage N.	DESIGNATION OF TRANSPORTION OF TRANSPORTION OF TRANSPORTION OF TRANSPORTION OF Authorized Transporter of Communication of Authorized Transporter of Communication of tanks.	RTER OF OIL AND NATURAL G. OIL TO OF Condensate  A Buyer Letter Triang Casinghead Gas or Dry Gas  Unit Sec. Twp. Rge. D 18 27N 13	AS Address (Give address to a  Farmington N A  Address (Give address to a  Is gas actually connected?	which approve which approve?	ed copy of this fo		e sent)
Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Pool  Name of Producing Formation  Top Oil/Gas Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMEN  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  Gravity of Condenage N.  Casing Pressure  Choke Size  GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Ebls. Condensate/MMCF  Gravity of Condenage N.	DESIGNATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF Authorized Transporter of Communication of Authorized Transporter of Communication of tanks.	recordensate or Condensate or Condensate or Condensate or Condensate or Dry Gas or Dry G	AS Address (Give address to a farmington N ) Address (Give address to a lis gas actually connected?	which approve which approve?	ed copy of this forced copy of this force		e sent)
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth  Perforations Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours)  Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Tubing Pressure Casing Pressure Choke Size  GAS WELL  GAS WELL  Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensage N. Oil Condens	DESIGNATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF Authorized Transporter of Computer of C	TER OF OIL AND NATURAL G. or Condensate	AS Address (Give address to a farmington N ) Address (Give address to a lis gas actually connected?	which approve which approve When	ed copy of this forced copy of this force	orm is to b	e sent)
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth  Perforations Depth Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours)  Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Tubing Pressure Casing Pressure Choke Size  GAS WELL  GAS WELL  Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensage N. Oil Condens	DESIGNATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF Authorized Transporter of Computer of C	TER OF OIL AND NATURAL G. or Condensate	AS Address (Give address to a farmington N ) Address (Give address to a lis gas actually connected?	which approve which approve When	ed copy of this forced copy of this force	orm is to b	e sent)
Perforations  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  SACKS CEMENT  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours)  Date First New Oil Run To Tanks  Date of Test  Date of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Choke Size  Gas MCF  GAS WELL  Actual Prod. Test MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate.	DESIGNATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF Authorized Transporter of Complete of C	refer of oil AND NATURAL G.  or Condensate   asinghead Gas or Dry Gas   Unit Sec. Twp. Rge.  D 18 27N 13  with that from any other lease or pool,  ion — (X)	AS  Address (Give address to a Address (Give address to a Address (Give address to a Address to a Address (Give address (Give address (Give address (Give ad	which approve which approve When	ed copy of this for	orm is to b	e sent)
TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours)  Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Tubing Pressure Casing Pressure Choke Size  GAS WELL  Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF REFERENCE  Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensage N.	DESIGNATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF Authorized Transporter of Complete of C	refer of oil AND NATURAL G.  or Condensate   asinghead Gas or Dry Gas   Unit Sec. Twp. Rge.  D 18 27N 13  with that from any other lease or pool,  ion — (X)	AS  Address (Give address to a Address (Give address to a Address (Give address to a Address to a Address (Give address (Give address (Give address (Give ad	which approve which approve When	ed copy of this for	orm is to b	e sent)
TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours)  Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Tubing Pressure Casing Pressure Choke Size  Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF RELLY  GAS WELL  Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate)  TIBING, CASING, AND CEMENTING RECORD  SACKS CEMENT  ACKS CEMENT  SACKS CEMEN	DESIGNATION OF TRANSPORTION OF TRANSPORTION OF TRANSPORTION OF TRANSPORTION OF Authorized Transporter of Complet United States of Complet Of Co	TER OF OIL AND NATURAL G.  or Condensate	AS  Address (Give address to a farmington N A Address (Give address to a farmington N A Address (Give address to a farmington not be address to a farmingto	which approve which approve When	P.B.T.D.	orm is to b	e sent)
TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceedable for this depth or be for full 24 hours)  Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  Length of Test Tubing Pressure Casing Pressure Choke Size  Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-MCF RELLY  GAS WELL  Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate)  TIBING, CASING, AND CEMENTING RECORD  SACKS CEMENT  ACKS CEMENT  SACKS CEMEN	DESIGNATION OF TRANSPORTION OF TRANSPORTION OF TRANSPORTION OF TRANSPORTION OF Authorized Transporter of Complet United States of Complet Of Co	TER OF OIL AND NATURAL G.  or Condensate	AS  Address (Give address to a farmington N A Address (Give address to a farmington N A Address (Give address to a farmington not be address to a farmingto	which approve which approve When	P.B.T.D.	orm is to b	e sent)
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  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  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Casing Pressure  Choke Size  Casing Pressure  Casing Pressure  Choke Size  Choke Size  Casing Pressure  Choke Size  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Choke Size  Casing Pressure  Choke Size	DESIGNATION OF TRANSPORTION OF TRANSPORTION OF TRANSPORTION OF TRANSPORTION OF Authorized Transporter of Complet United States of Complet Of Co	TER OF OIL AND NATURAL G.  or Condensate	AS  Address (Give address to a farmington N A Address (Give address to a farmington N A Address (Give address to a farmington not be address to a farmingto	which approve which approve When	P.B.T.D.	orm is to b	e sent)
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas life, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Gas-MCF  ACTUAL  MAR 1  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate/N.  OIL CONT.	DESIGNATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF Authorized Transporter of Completed to the production of tanks.  If well produces oil or liquids, give location of tanks.  If this production is commingled well to the production of tanks.  Designate Type of Completed to the production of tanks.	TER OF OIL AND NATURAL G.  or Condensate	AS  Address (Give address to a farmington N A Address (Give address to a farmington N A Address (Give address to a farmington not be address to a farmingto	which approve which approve When	P.B.T.D.	orm is to b	e sent)
HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas life, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  ACTUAL Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate/N.  OIL CON.	DESIGNATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF Authorized Transporter of Completed to the production of tanks.  If well produces oil or liquids, give location of tanks.  If this production is commingled well to the production of tanks.  Designate Type of Completed to the production of tanks.	TER OF OIL AND NATURAL G.  or Condensate	AS  Address (Give address to a farmington N A Address (Give address to a farmington N A Address (Give address to a farmington not be address to a farmingto	which approve which approve When	P.B.T.D.	orm is to b	e sent)
TEST DATA AND REQUEST FOR ALLOWABLE 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  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  ACTUAL Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate/N.	DESIGNATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF Authorized Transporter of Completed to the production of tanks.  If well produces oil or liquids, give location of tanks.  If this production is commingled well to the production of tanks.  Designate Type of Completed to the production of tanks.	refer of oil AND NATURAL G.  or Condensate   d Buyer Lever Triang  casinghead Gas or Dry Gas   Unit Sec. Twp. Rge.  D 18 27N 13  with that from any other lease or pool,  ion — (X)  Date Compl. Ready to Prod.  Name of Producing Formation	AS Address (Give address to a Farmington N ) Address (Give address to a ddress (Give address (Give address to a ddress (Give address to a ddress (Give address to a ddress (Give address (Gi	which approved which approved which approved when the control of t	P.B.T.D.	orm is to b	e sent)
Date First New Oil Run To Tanks  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  WAR 1  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate/N.	DESIGNATION OF TRANSPORTION OF	TUBING, CASING, AND NATURAL G. or Condensate or Condensate asinghead Gas or Dry Gas desinghead Gas desinghead Gas desinghead Gas desinghead Gas well desired to Producing Formation	AS  Address (Give address to a farmington N A Address (Give address to a farmington N A Address (Give address to a farmington farmington N Address (Give address to a farmington	which approved which approved which approved when the same approved to t	Plug Back   So P.B.T.D.  Tubing Depth	orm is to b	e sent)
Date First New Oil Run To Tanks  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  WAR 1  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate No.	DESIGNATION OF TRANSPORTION OF	TUBING, CASING, AND NATURAL G. or Condensate or Condensate asinghead Gas or Dry Gas desinghead Gas desinghead Gas desinghead Gas desinghead Gas well desired to Producing Formation	AS  Address (Give address to a farmington N A Address (Give address to a farmington N A Address (Give address to a farmington farmington N Address (Give address to a farmington	which approved which approved which approved when the same approved to t	Plug Back   So P.B.T.D.  Tubing Depth	orm is to b	e sent)
Date First New Oil Run To Tanks  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  RILL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate No. Oil Condens	DESIGNATION OF TRANSPORTION OF	TUBING, CASING, AND NATURAL G. or Condensate or Condensate asinghead Gas or Dry Gas desinghead Gas desinghead Gas desinghead Gas desinghead Gas well desired to Producing Formation	AS  Address (Give address to a farmington N A Address (Give address to a farmington N A Address (Give address to a farmington farmington N Address (Give address to a farmington	which approved which approved which approved when the same approved to t	Plug Back   So P.B.T.D.  Tubing Depth	orm is to b	e sent)
Date First New Oil Run To Tanks  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  RILL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate No. Oil Condens	DESIGNATION OF TRANSPORTION OF	TUBING, CASING, AND NATURAL G. or Condensate or Condensate asinghead Gas or Dry Gas desinghead Gas desinghead Gas desinghead Gas desinghead Gas well desired to Producing Formation	AS  Address (Give address to a farmington N A Address (Give address to a farmington N A Address (Give address to a farmington farmington N Address (Give address to a farmington	which approved which approved which approved when the same approved to t	Plug Back   So P.B.T.D.  Tubing Depth	orm is to b	e sent)
Date First New Oil Run To Tanks  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  WAR 1  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate/N.	DESIGNATION OF TRANSPORTION OF	TUBING, CASING, AND NATURAL G. or Condensate or Condensate asinghead Gas or Dry Gas desinghead Gas desinghead Gas desinghead Gas desinghead Gas well desired Gas wel	AS  Address (Give address to a farmington N A Address (Give address to a farmington N A Address (Give address to a farmington farmington N Address (Give address to a farmington	which approved which approved which approved when the same approved to t	Plug Back   So P.B.T.D.  Tubing Depth	orm is to b	e sent)
Date First New Oil Run To Tanks  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  WAR 1  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate No.	DESIGNATION OF TRANSPORTION OF TRANSPORTION OF Authorized Transporter of O Inland Crude Well Head Name of Authorized Transporter of C If well produces oil or liquids, give location of tanks.  If this production is commingled well completed to the complet of Completed to the com	TUBING, CASING, AND NATURAL G. or Condensate or Condensate asinghead Gas or Dry Gas desinghead Gas desinghead Gas desinghead Gas desinghead Gas well desired Gas wel	AS  Address (Give address to a farmington N A Address (Give address to a farmington N A Address (Give address to a farmington farmington N Address (Give address to a farmington	which approved which approved which approved when the same approved to t	Plug Back   So P.B.T.D.  Tubing Depth	orm is to b	e sent)
Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  MAR 1  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate.	DESIGNATION OF TRANSPORMAME of Authorized Transporter of O Inland Crude Well Hea Name of Authorized Transporter of C If well produces oil or liquids, give location of tanks.  If this production is commingled well beginning to the complet Type of Complet Date Spudded  Pool Perforations  HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	AS  Address (Give address to a farmington N A Address (Give address to a farmington N A Address (Give address to a farmington farmington N Address (Give address to a farmington	which approved which approved which approved when the same approved to t	Plug Back   So P.B.T.D.  Tubing Depth	orm is to b	e sent)
Length of Test  Tubing Pressure  Casing Pressure  Choke Size  Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  RILL  MAR 1  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  Note Size  Choke Size  Choke Size  Choke Size  Choke Size	DESIGNATION OF TRANSPORTION OF TRANSPORTION OF Authorized Transporter of O Inland Crude Well Head Name of Authorized Transporter of C If well produces oil or liquids, give location of tanks.  If this production is commingled well complet Ton Data  Designate Type of Complet Date Spudded  Pool  Perforations  HOLE SIZE	TUBING, CASING, AND NATURAL G.  TOTAL CONTROL	AS Address (Give address to a Farmington N Address (Give address to a Is gas actually connected?  New Well Workover  Total Depth  Top Oil/Gas Pay  DEPTH SET	which approved which approved which approved when the control of t	Plug Back   So P.B.T.D.  Tubing Depth  Depth Casing S	orm is to b	e sent)  e sent)  Diff. Res'v.
Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  RILL  MAR 1  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate/N.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of O  Inland Grude Well Hea  Name of Authorized Transporter of O  If well produces oil or liquids, give location of tanks.  If this production is commingled well to be a complet of the compl	TUBING, CASING, AND CASING & TUBING SIZE  TER OF OIL AND NATURAL G.  or Condensate  or Condensate  or Condensate  Lever Tricing  or Dry Gas  Twp. Rge.  D 18 27N 13  Coil Well Gas Well  Gas Well  FOR ALLOWABLE (Test must be able for this desired)	AS Address (Give address to a Farmington N Address (Give address to a Is gas actually connected?  New Well Workover  Total Depth  Top Oil/Gas Pay  DEPTH SET  after recovery of total volume epth or be for full 24 hours)	which approved which approved which approved when the same approved to t	Plug Back   So P.B.T.D.  Tubing Depth Depth Casing S	orm is to b	e sent)  e sent)  Diff. Resiv
Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF  RILL  MAR 1  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate/N.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of O  Inland Grude Well Hea  Name of Authorized Transporter of O  If well produces oil or liquids, give location of tanks.  If this production is commingled well to be a complet of the compl	TUBING, CASING, AND CASING & TUBING SIZE  TER OF OIL AND NATURAL G.  or Condensate  or Condensate  or Condensate  Lever Tricing  or Dry Gas  Twp. Rge.  D 18 27N 13  Coil Well Gas Well  Gas Well  FOR ALLOWABLE (Test must be able for this desired)	AS Address (Give address to a Farmington N Address (Give address to a Is gas actually connected?  New Well Workover  Total Depth  Top Oil/Gas Pay  DEPTH SET  after recovery of total volume epth or be for full 24 hours)	which approved which approved which approved when the same approved to t	Plug Back   So P.B.T.D.  Tubing Depth Depth Casing S	orm is to b	e sent)  e sent)  Diff. Resiv
Actual Prod. During Test  Oil-Bbls.  Water-Bbls.  Gas-MCF RILL  MAR 1  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate.  Oil Condensate.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of O  Inland Grude Well Hea  Name of Authorized Transporter of O  If well produces oil or liquids, give location of tanks.  If this production is commingled well to be a complet of the compl	TUBING, CASING, AND CASING & TUBING SIZE  TER OF OIL AND NATURAL G.  or Condensate  or Condensate  or Condensate  Lever Tricing  or Dry Gas  Twp. Rge.  D 18 27N 13  Coil Well Gas Well  Gas Well  FOR ALLOWABLE (Test must be able for this desired)	AS Address (Give address to a Farmington N Address (Give address to a Is gas actually connected?  New Well Workover  Total Depth  Top Oil/Gas Pay  DEPTH SET  after recovery of total volume epth or be for full 24 hours)	which approved which approved which approved when the same approved to t	Plug Back   So P.B.T.D.  Tubing Depth Depth Casing S	orm is to b	e sent)  e sent)  Diff. Res'v.
GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbis. Condensate/MMCF  Gravity of Condensate  OIL CON.	DESIGNATION OF TRANSPORMAME OF Authorized Transporter of O Inland Crude Well Hea Name of Authorized Transporter of C  If well produces oil or liquids, give location of tanks.  If this production is commingled well to the complet of COMPLETION DATA  Designate Type of Complet Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST IN OIL WELL Date First New Oil Run To Tanks	TUBING, CASING, AND NATURAL G.  Date of Producing Formation  TUBING CASING AND NATURAL G.  TUBING CASING AND CASING & TUBING SIZE  Total Control of the state of	AS Address (Give address to a Farmington N ) Address (Give address to a ddress (Give address a ddress (Give address to a ddress (Give address (Give address ) a ddress (Give address to a ddress ) a ddress (Give address to a ddress ) a ddress (Give address to a ddress to a ddress ) a ddress (Give address to a ddress to t	which approved which approved which approved when the same approved to t	P.B.T.D.  Tubing Depth  Depth Casing S  SACK	orm is to b	e sent)  e sent)  Diff. Res'v.
GAS WELL  Actual Prod. Test-MCF/D  Length of Test  Bbls. Condensate/MMCF  Gravity of Condensate  OIL CON.	DESIGNATION OF TRANSPORMAME OF Authorized Transporter of O Inland Crude Well Hea Name of Authorized Transporter of C  If well produces oil or liquids, give location of tanks.  If this production is commingled well to the complet of COMPLETION DATA  Designate Type of Complet Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST IN OIL WELL Date First New Oil Run To Tanks	TUBING, CASING, AND NATURAL G.  Date of Producing Formation  TUBING CASING AND NATURAL G.  TUBING CASING AND CASING & TUBING SIZE  Total Control of the state of	AS Address (Give address to a Farmington N ) Address (Give address to a ddress (Give address a ddress (Give address to a ddress (Give address (Give address ) a ddress (Give address to a ddress ) a ddress (Give address to a ddress ) a ddress (Give address to a ddress to a ddress ) a ddress (Give address to a ddress to t	which approved which approved which approved when the same approved to t	P.B.T.D.  Tubing Depth  Depth Casing S  SACK	orm is to b	e sent)  e sent)  Diff. Res'v.
Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate/N. OIL CON.	DESIGNATION OF TRANSPORMAME OF Authorized Transporter of O Inland Crude Well Hee Name of Authorized Transporter of C  If well produces oil or liquids, give location of tanks.  If this production is commingled well to the complet of Complet Tion Data  Designate Type of Complet Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST IN OIL WELL  Date First New Oil Run To Tanks  Length of Test	TUBING, CASING, AND NATURAL G.  TUBING, CASING, AND NATURAL G.  TUBING CASING AND CASING AND CASING & TUBING SIZE  Tubing Pressure	AS Address (Give address to a Farmington N ) Address (Give address to a ddress (Give address a ddress ddress (Give address a ddress	which approved which approved which approved when the same approved to t	Plug Back   Son P.B.T.D.  Tubing Depth Casing S  SACK	orm is to b	e sent)  e sent)  Diff. Res'v.
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate/N. OIL CON.	DESIGNATION OF TRANSPORMAME OF Authorized Transporter of O Inland Crude Well Hee Name of Authorized Transporter of C  If well produces oil or liquids, give location of tanks.  If this production is commingled well to the complet of Complet Tion Data  Designate Type of Complet Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST IN OIL WELL  Date First New Oil Run To Tanks  Length of Test	TUBING, CASING, AND NATURAL G.  TUBING, CASING, AND NATURAL G.  TUBING CASING AND CASING AND CASING & TUBING SIZE  Tubing Pressure	AS Address (Give address to a Farmington N ) Address (Give address to a ddress (Give address a ddress ddress (Give address a ddress	which approved which approved which approved when the same approved to t	Plug Back   Son P.B.T.D.  Tubing Depth Casing S  SACK	orm is to b	e sent)  e sent)  Diff. Resiv
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate/N. OIL CON.	DESIGNATION OF TRANSPORMAME OF Authorized Transporter of O Inland Crude Well Hee Name of Authorized Transporter of C  If well produces oil or liquids, give location of tanks.  If this production is commingled well to the complet of Complet Tion Data  Designate Type of Complet Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST IN OIL WELL  Date First New Oil Run To Tanks  Length of Test	TUBING, CASING, AND NATURAL G.  TUBING, CASING, AND NATURAL G.  TUBING CASING AND CASING AND CASING & TUBING SIZE  Tubing Pressure	AS Address (Give address to a Farmington N ) Address (Give address to a ddress (Give address a ddress ddress (Give address a ddress	which approved which approved which approved when the same approved to t	Plug Back   Son P.B.T.D.  Tubing Depth Casing S  SACK	orm is to b	e sent)  e sent)  Diff. Res'v.
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate/N. OIL CON.	DESIGNATION OF TRANSPORMAME OF Authorized Transporter of O Inland Crude Well Hee Name of Authorized Transporter of C  If well produces oil or liquids, give location of tanks.  If this production is commingled well to the complet of Complet Tion Data  Designate Type of Complet Date Spudded  Pool  Perforations  HOLE SIZE  TEST DATA AND REQUEST IN OIL WELL  Date First New Oil Run To Tanks  Length of Test	TUBING, CASING, AND NATURAL G.  TUBING, CASING, AND NATURAL G.  TUBING CASING AND CASING AND CASING & TUBING SIZE  Tubing Pressure	AS Address (Give address to a Farmington N ) Address (Give address to a ddress (Give address a ddress ddress (Give address a ddress	which approved which approved which approved when the same approved to t	Plug Back   Son P.B.T.D.  Tubing Depth Casing S  SACK	orm is to b  Ime Res'v.	Diff. Resiv
Tolerand I was a second and the seco	DESIGNATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF TRANSPORMATION OF Authorized Transporter of Comparison of Authorized Transporter of Comparison of Education of Transporter of Comparison of Comparison of Transporter of Comparison of Transporter of Comparison of Transporter of Comparison of Transporter of Comparison of Comparison of Transporter of Comparison of Comparison of Transporter of Comparison of C	TUBING, CASING, AND NATURAL G.  TUBING, CASING, AND NATURAL G.  TUBING CASING AND CASING AND CASING & TUBING SIZE  Tubing Pressure	AS Address (Give address to a Farmington N ) Address (Give address to a ddress (Give address a ddress ddress (Give address a ddress	which approved which approved which approved when the same approved to t	Plug Back   Sa P.B.T.D.  Tubing Depth Depth Casing S  SACK	ime Resiv.	e sent)  e sent)  Diff. Res'v.
Tolerand I was a second and the seco	DESIGNATION OF TRANSPORTION OF TRANSPORTION OF Authorized Transporter of O Inland Crude Well Head Name of Authorized Transporter of C If well produces oil or liquids, give location of tanks.  If this production is commingled well to the complet of Complet Date Spudded  Pool Perforations  HOLE SIZE  TEST DATA AND REQUEST IN TEST DATA AND REQUEST	TUBING, CASING, AND CASING & TUBING SIZE  Tubing Pressure  Coll Buyer   Letter Triang    Coll Well   Gas Well    Coll Well   G	AS Address (Give address to a Farmington N Address (Give address to a ddress to a ddress (Give address a ddress (Give address to a ddress to a ddress (Give address to a ddress (Give address to a ddress (Give address to a ddress to a ddress (Give address to a ddress to a ddress (Give address (Give address to a ddress (Give address (Give	which approved which approved which approved when the same approved to t	Plug Back   Sa P.B.T.D.  Tubing Depth Depth Casing S  SACK	ime Resty.	e sent)  e sent)  Diff. Rem'y.
Testing Method (pitot, back pr.)   Tubing Pressure   Casing Pressure   Choke Size   Choke Size   Tubing Pressure   Choke Size   Choke S	DESIGNATION OF TRANSPORTION OF TRANSPORTION OF Authorized Transporter of O Inland Crude Well Head Name of Authorized Transporter of C If well produces oil or liquids, give location of tanks.  If this production is commingled well to the complet of Complet Date Spudded  Pool Perforations  HOLE SIZE  TEST DATA AND REQUEST IN TEST DATA AND REQUEST	TUBING, CASING, AND CASING & TUBING SIZE  Tubing Pressure  Coll Buyer   Letter Triang    Coll Well   Gas Well    Coll Well   G	AS Address (Give address to a Farmington N Address (Give address to a ddress to a ddress (Give address a ddress (Give address to a ddress to a ddress (Give address to a ddress (Give address to a ddress (Give address to a ddress to a ddress (Give address to a ddress to a ddress (Give address (Give address to a ddress (Give address (Give	which approved which approved which approved when the same approved to t	Plug Back   Sa P.B.T.D.  Tubing Depth Depth Casing S  SACK	ime Resty.	e sent)  Diff. Resiv
	DESIGNATION OF TRANSPORMAME OF Authorized Transporter of O Inland Crude Well Hee Name of Authorized Transporter of C  If well produces oil or liquids, give location of tanks.  If this production is commingled well to the complet of Complet Tion Data  Designate Type of Complet  Date Spudded  Pool  Perforations  HOLE SIZE  FEST DATA AND REQUEST IN OIL WELL Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D	RTER OF OIL AND NATURAL G.  OIL TO OR CONDENSATE TRAINS  Casinghead Gas or Dry Gas or Dr	AS Address (Give address to a Farmington N ) Address (Give address to a Is gas actually connected?  Is gas actually connected?  New Well Workover  Total Depth  Top Oil/Gas Pay  DEPTH SET  DEPTH SET  after recovery of total volume epth or be for full 24 hours)  Producing Method (Flow, p  Casing Pressure  Water-Bbls.  Bbls. Condensate/MMCF	which approved which approved which approved when the same approved to t	Plug Back   Son P.B.T.D.  Tubing Depth Casing S  SACK  Choke Size  Gravity of Cone Off	TEN	Diff. Realy,

## VI. CERTIFICATE OF COMPLIANCE

III.

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.

s	true	and	complete	e to	the	best	of t	ný kno	w)
	ngaja si <sup>n</sup>		وميسر مج	-		M	وهجر		
	-3	A STATE OF THE STA		-	<i>1</i>				
	ŵ.	6	Car grant		غ سه س	C3.	65. 1	شَائِع ۾	
					<del></del>				

(Signature)

(Date)

Bus Mgr

3 2 65

(Title)

OIL CONSERVATION COMMISSION

APPROVED MAR 4 1965 . 19

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.