|  | •   | -  | <i>H</i>   |
|--|---|--|--|
| NO. OF COPIES RECEIVED   | 5-000 NEW MEXICO OIL CON                              | ISERVATION COMMISSION  | Form C-104   |
| ANTA FE  | REQUEST FC  | OR ALLOWABLE   | Supersedes Old C-104 and C-1<br>Effective 1-1-65   |
| LE /   |   | AND  |  |
| S.G.S.   | AUTHORIZATION TO TRANS                                | SPORT OIL AND NATURAL  | ON PURCHASED ALL THE ASSETS  |
| AND OFFICE   | _· -i<br>   | INLAND CORPORATI   | UCKING, INC. AND INLAND CRUDE  |
| RANSPORTER GAS   |   | THE DUDENAS!   | FINCHUDED N. M. S. C. C.   |
| PERATOR  |   | PERMIT # 670 WHIC  | H HAS DEEN TRANSPERRED TO  |
| RORATION OFFICE  |   | INLAND CORPORATI   | CLYDE C. LaMAR, PRESIDENT  |
| Beta Developme   | nt Co.  |  | INLAND CORPORATION   |
| ddress   |   |  |  |
| 234 Petroleum eason(s) for filing (Check proper b  | Club Plaza, Farmington, New                           | Other (Please explain)   |  |
| eason(s) for fitting (Check proper o   | Change in Transporter of:                             |  |  |
| ecompletion  | Cil Dry Gas   |  |  |
| hange in Ownership   | Casinghead Gas Condensa                               | nte X  |  |
| change of ownership give name  |   |  |  |
| ESCRIPTION OF WELL AN  | D LEASE   |  | Kind of Lease  |
| ease Name  Ross Federal  | Well No. Pool Name                                    | Resin Dakote   | State, Federal or Federal & Federal or Federal or Federal or Federal or Federal or Federal & Federal or Federal & Federal or Federal & Federal or Federal &  |
| ocation  |   |  |  |
| Unit Letter6;2   | 220 Feet From The North Line                          | andFeet Fro  | m The Bast   |
| Line of Continu  | Township Range 1                                      | , NMPM,  | Son Juan   |
| Enter of section 2.3   | 30 N  |  |  |
| ESIGNATION OF TRANSPO  | ORTER OF OIL AND NATURAL GAS                          | Address (Give address to which app   | proved copy of this form is to be sent)  |
| Name of Authorized Transporter of  | on s. sametime <b>X</b>                               |  |  |
| dame of Authorized Francisco   | sin Had Gas or Dry Gas                                | Address (Give address to which ap  | oved copy of this form is to be sent)  |
| _  |   | The second of th | When   |
| if well produces oil or liquids,   | Unit Sec. Twp. Rge.                                   | Is gas actually connected?   | when   |
| give location of tanks.  | G 23 30N 11W  | in commingling order number:   |  |
| this production is commingled  | with that from any other lease or pool, g             |  | Plug Back   Same Res'v.   Diff. Re   |
|  | OII WEIL  | New Well Workover Deepen   | Plug Back   Same Res'v. Diff. Re   |
| Designate Type of Compl  | Date Compl. Ready to Prod.                            | Total Depth  | F.B.T.D.   |
| Date Spudded   | Date Compi. Ready to 115m                             |  |  |
| Pool   | Name of Producing Formation                           | Top Oil/Gas Pay  | Tubing Depth   |
|  |   |  | Depth Casing Shoe  |
| Perforations   |   |  |  |
|  | TUBING, CASING, AND                                   | CEMENTING RECORD   |  |
| HOLE SIZE  | CASING & TUBING SIZE                                  | DEPTH SET  | SACKS CEMENT   |
|  |   |  |  |
|  |   |  |  |
|  |   |  |  |
| TEST DATA AND REQUES   | r FOR ALLOWABLE (Test must be after able for this det | ter recovery of total volume of load   | oil and must be equal to or exceed top a   |
| OIL WELL   |   | pth or be for full 24 hours)   Producing Method (Flow, pump, ga  |  |
| Date First New Oil Run To Tanks  | Date of Test  |  | The state of the s |
| Length of Test   | Tubing Pressure                                       | Casing Pressure  | Starfall /   |
|  | Out Blue  | Water-Bbls.  | Gas-MCF  |
| Actual Prod. During Test   | Cil-Bbls.   |  | MAR'9 ISBS   |
|  |   |  | OIL CON: COM   |
| GAS WELL   |   | T  | Glarity of Condenses   |
| Actual Prod. Test-MCF/D  | Length of Test  | Bbls. Condensate/MMCF  | City of condensati   |
| Testing Method (pitot, back pr.)   | Tubing Pressure                                       | Casing Pressure  | Choke Size   |
| resting Method (pitot, buck pr.)   |   |  |  |
| . CERTIFICATE OF COMPLIANCE  |   | OIL CONSERVATION COMMISSION  |  |
| i  |   | APPROVED MAR 9 1965 C Arnold   |  |
| I hereby certify that the rules and regulations of the Oil Conservation<br>Commission have been complied with and that the information given |   | APPROVED MAR 9 1965  By Original Signed Emery C. Arnold, 19  |  |
| Commission have been compl<br>above is true and complete t   | o the best of my knowledge and belief.                | BY Original Signed   | <b>"</b> •   |
|  |   | TITLE Supervisor Dist.   | # <b>3</b>   |
| Original signed by:  |   | This form is to be filed   | in compliance with RULE 1104.  |
| JOHN T. HAMPTON  |   | If this is a request for allowable for a newly drilled or deepe well, this form must be accompanied by a tabulation of the devia   |  |
|  | (Signature)   | well, this form must be according tests taken on the well in   | accordance with RULE 111.  |
|  | lanager<br>(Title)                                    | All sections of this for   | m must be filled out completely for a  |
| -  | (Time)  | able on new and recomplete   | ed wells.  |

3-8-65 (Date) 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.