NO. OF COPIES RECEIVED					
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION				
SANTA FE /	REQUEST I	FOR ALLOWABLE			
FILE / L		AND			
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURA	AL GAS		
OIL /					
TRANSPORTER GAS					
OPERATOR					
PRORATION OFFICE Operator					
Consolidated 3	il & Coo Inc				
Address	L & Gas Inc.	INLAND COR OF BOTH Lat	MAR TRU		
P.O. Box 2036.	Farmington, New Merico	Other INC. THIS PU	RCHASE		
Reason(s) for filing (Check proper be		PERMII # O/	O AALTICI		
New Well Recompletion	Change in Transporter of: Oii Dry Gas	- INLAND COR	PORATIO		
Change in Ownership		sate 🗶			
If change of ownership give name and address of previous owner					
•					
II. DESCRIPTION OF WELL ANI	Lease No. Well No. Pool Nam	ne, Including Formation	K		
Jicarilla "B	_	sin Dakota	St		
Location					
Unit Letter B ; 9	CO Feet From The Marth Line	e and <u>1300</u> Feet 1	From The		
Line of Section 26	ownship 26 Mowth Range	, NMPM,	lo Arr		
II DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	s			
Name of Authorized Transporter of C	or Condensate 💽	Address (Give address to which	approved		
Complete to the second			roing		
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which	аррготеа		
Jan Kisn 10	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.	2 2/ 24	Yes	į		
	with that from any other lease or pool,		<u></u>		
V. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep			
Designate Type of Complet		New Well Workever Deep			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P		
Bate opasses					
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Т		
		<u> </u>	D		
Perforations					
	TURING CASING AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			
		<u> </u>			
V. TEST DATA AND REQUEST OIL WELL	able for this de	fter recovery of total volume of loc pth or be for full 24 hours)			
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump,	gas lift, e		
		Ozzaka Danasana	T		
Length of Test	Tubing Pressure	Casing Pressure			
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	G		
Actual From Paring Control					
GAS WELL		T =			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	G		
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure			
Testing Method (phot, back ph)	, abing 1 lobbato	•			
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSE	ERVATI		
vi. Certificate of Complia					
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED 0CT 2 1 1965			
Commission have been complied	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Original Sign		
abort to the and complete to	/	TITLE Supervis	or Dist		
	\	This form is to be file	ed in con		

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

OF BOTH LaMAR T	THON PURCHASED ALL THE ASS-TO TRUCKING, INC. AND INLAND CEUDE ASE INCLUDED N. M. S. C. C.				
PERMIT # 670 WH	ATION.				
s	CLYDE C. LOMAK, PRESIDENT				
sate 1	INLAND CORPORATION				
e, Including Formation Kind of Lease					
sin Dakota	State, Federal or Fee Federal				
e and <u>1300</u> Feet From 1	The Fost				
A T.F A NIMEN B.L. 3.	County				
4 West , NMPM, Rio A	Prins				
S Address (Give address to which approx	ved copy of this form is to be sent)				
Address (Give address to which approx	ved copy of this form is to be sent)				
Is gas actually connected? Whe	en				
Yes					
give commingling order number:					
New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.				
	100000				
Total Depth	P.B.T.D.				
Top Cil/Gas Pay	Tubing Depth				
	Depth Casing Shoe				
CEMENTING RECORD	2.202.254545				
DEPTH SET	SACKS CEMENT				
fter recovery of total volume of load oil	and must be equal to or exceed top allow-				
epth or be for full 24 hours) Producing Method (Flow, pump, gas li					
Producing Montag (1 tons) Printy But 1					
Casing Pressure	Choke Size				
Water-Bbls.	Gas - MCF				
Bbls. Condensate/MMCF	Gravity of Condensate				
	Choke Size				
Casing Pressure	Choke Size				
OIL CONSERVA	ATION COMMISSION				
OCT 2.1 1965	19				
APPROVED 0CT 2 1 1965 , 19 Original Signed Emery C. Arnold					
TITLE Supervisor Di					
This form is to be filed in	compliance with RULE 1104. wable for a newly drilled or deepened				
If this is a request for allow well, this form must be accompated tests taken on the well in acco	inted by a tabulation of the deviation				
All sections of this form mu	ast be filled out completely for allow-				
able on new and recompleted w	ells. To the said VI for changes of owner,				
well name or number, or transpor	ter, or other such change of condition.				

Separate Forms C-104 must be filed for each pool in multiply completed wells.

NO. OF COPIES RECEIVED		5			
DISTRIBUTION					
SANTA FE		1			
FILE		1	1		
U.S.G.S.					
LAND OFFICE			<u> </u>		
TRANSPORTER	OIL	1			
	GAS	1			
OPERATOR		/			
PRORATION OFFICE					
Operator					
0-m744-4-4 047					

SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-110
FILE / L	T. KEGOEST	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
LAND OFFICE			
TRANSPORTER OIL /	_		
GAS /		INI AND CORPORATION	ON PURCHASED ALL THE ASSETS
OPERATOR /			ICKING, INC. AND INLAND CRUDE,
I. PRORATION OFFICE Operator		INC. THIS PURCHASE	INCLUDED N. M. S. C. C.
Consolidated Oi	1 & Cas Inc.		H HAS BEEN TRANSFERRED TO
Address	1 d dds Ands	INLAND CORPORATION	
P.O. Box 2036.	Farmington, New Mexico		CLYDE C. LaMAR, PRESIDENT
Reason(s) for filing (Check proper b	ox)	Other (Please explain)	INLAND CORPORATION
New Well	Change in Transporter of:		
Recompletion	Oil Dry Ga	s [
Change in Ownership	Casinghead Gas Conder	nsate 🗶	
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND	D LEASE	to below Promotion	Kind of Lease
Lease Name		me, Including Formation	State, Federal or Fee Federal
Jicarilla "B	* 1 B1:	anco Mesaverde	Federal
Location			_
Unit Letter;;	990 Feet From The North Lin	e and 1800 Feet From	The East
		I ** 4 NIMPM	County
Line of Section 26	Township 26 North Range	West , NMPM, R	o Arriba County
H. DESTONATION OF TRANSPO	RTER OF OIL AND NATURAL GA	S	
Name of Authorized Transporter of	or Condensate	Address (Give address to which appro	oved copy of this form is to be sent)
	_	D 0 Dam 3536 Barre	down Mary Monday
Name of Authorized Transporter of	Casinghead Gas or Dry Gas	Address (Give address to which appro	oved copy of this form is to be sent)
V - 1 12	D = (2)		i
John hem the	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	nen
If well produces oil or liquids, give location of tanks.	B 26 26 A	Yes	
Total I in the second of the s	with that from any other lease or pool,		
V. COMPLETION DATA	with that from any other lease of pool,	give comminging order	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
Designate Type of Comple	tion $-(X)$	1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			Depth Casing unce
		D CENTURE DECORD	
	· · · · · · · · · · · · · · · · · · ·	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTHSET	SACKS CEMENT
	TOP ATTOWARTS (C)	time of land of	l and must be equal to or exceed top allow-
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a able for this di	ifter recovery of total volume of load of epth or be for full 24 hours)	, and must be equal to or exceed top union-
OIL WELL Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
İ			
GAS WELL		<u></u>	
Actual Prod. Test-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)		<u> </u>	
1	Tubing Pressure	Casing Pressure	Choke Size
	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIA			Choke Size ATION COMMISSION
VI. CERTIFICATE OF COMPLIA		OIL CONSERV	ATION COMMISSION
I hereby certify that the rules ar	NCE	OIL CONSERV	ATION COMMISSION
I hereby certify that the rules ar	ANCE and regulations of the Oil Conservation of with and that the information given	OIL CONSERV	ATION COMMISSION
Commission have been complied	NCE	OIL CONSERV APPROVED 007 2 1 196 By Original Signed	ATION COMMISSION 55 , 19 Emery C. Arnold
I hereby certify that the rules ar	ANCE and regulations of the Oil Conservation of with and that the information given	OIL CONSERV	ATION COMMISSION 55 , 19 Emery C. Arnold
I hereby certify that the rules ar	ANCE and regulations of the Oil Conservation of with and that the information given	OIL CONSERV APPROVED OCT 2 1 196 BY Original Signed TITLE Supervisor Dist. # This form is to be filed in	ATION COMMISSION 55
I hereby certify that the rules ar	ANCE and regulations of the Oil Conservation of with and that the information given	OIL CONSERV APPROVED 00 2 1 196 BY Original Signed TITLE Supervisor Dist. # This form is to be filed in	ATION COMMISSION 55 , 19 Emery C. Arnold compliance with RULE 1104.
I hereby certify that the rules ar Commission have been complied above is true and complete to	ANCE and regulations of the Oil Conservation of with and that the information given	OIL CONSERV APPROVED 00 2 1 196 By Original Signed TITLE Supervisor Dist. # This form is to be filed in If this is a request for allowed this form must be accommodated.	ATION COMMISSION 55 , 19 Emery C. Arnold compliance with RULE 1104. wable for a newly drilled or deepened anied by a tabulation of the deviation
I hereby certify that the rules ar Commission have been complied above is true and complete to	and regulations of the Oil Conservation d with and that the information given the best of my knowledge and belief.	OIL CONSERV APPROVED 00 2 1 196 BY Original Signed TITLE Supervisor Dist. # This form is to be filed in If this is a request for allowell, this form must be accomptests taken on the well in accomptests.	ATION COMMISSION 55 , 19 Emery C. Arnold compliance with RULE 1104. wable for a newly drilled or deepened anied by a tabulation of the deviation

Fill out only Sections I, II, III, and VI 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.