NEW MEXICO OIL CO'ISERVATION COMMISSION

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

	SANTA FE /	REQUEST I	FOR ALLOWABLE AND	Supersedes Old C-104 and C-110 Effective 1-1-65
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
	LAND OFFICE OIL /			
	TRANSPORTER GAS /			
I.	PRORATION OFFICE			
	Consolidate Oil & Gas Inc. Address OF BOTH LaMAR TRUCKING, INC. AND INLAND CRIP			
	P.O. Box 2038, Far Reason(s) for filing (Check proper box	mington, New Mexico		
	New Well	Change in Transporter of:	INLAND CORPO	WHICH HAS BEEN TRANSFERRED TO
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Conden	লৈ	CLYDE C. LaMAR, PRESIDEN
	If change of ownership give name and address of previous owner			INLAND CORPORATION
II.	DESCRIPTION OF WELL AND	LEASE		Littled of Lorgo
	Lease Name Northwest	Well No. Pool Nan	ne, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
	Location		1010	The East
	Unit Letter B ; 8	90 Feet From The North Line	e and 1840 Feet Fro	m The
	Line of Section , Tou	wnship 26 North Range 4	West , NMPM, Rio	Arriba County
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	s	
	Name of Authorized Transporter of Oil			proved copy of this form is to be sent) raington, New Mexico
	Name of Authorized Transporter of Car		Address (Give address to which app	proved copy of this form is to be sent)
	El aso to	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	If well produces oil or liquids, give location of tanks.	B 8 26 N 4 Wes		
137	If this production is commingled wi COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	P.C. 246
17.	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	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
		TURING CASING AND	CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
T 7	TOPOGRA DAMA AND DECLIESTE E	OD ALLOWADIE (Test must be s	for recovery of total values of land	oil and must be equal to or exceed top allow
٧.	TEST DATA AND REQUEST FOIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (P. 10W, pump, gus	, 11,1, 610.1)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - VC
				ALCULITED
	GAS WELL			OCT 21 1965
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grant OLEO CON: COM
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Sine
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSER	VATION COMMISSION
	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.		APPROVED OCT 21 19	965, 19
				d Emery C. Arnold
	above is title and complete to th	o bost of my knowledge and belief.	TITLE Supervisor Dist.	
		(1	in compliance with RULE 1104.
	Chycle sh	ellips	If this is a request for al	lowable for a newly drilled or deepened
	(Sign	nature)	tests taken on the well in ac	
	Production Fore	mavi itle)	All sections of this form able on new and recompleted	must be filled out completely for allowwells.
	10-19-15			III, and VI only for changes of owner,

(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.

			:	
	NO. OF COPIES RECI		-	2
	DISTRIBUTION		-	
	SANTA FE			
	FILE			1
	U.S.G.S.			<u> </u>
	LAND OFFICE			
	*5.00505755	OIL	1	
	TRANSPORTER	GAS	1	
	OPERATOR		1	i
ı.	PRORATION OFFICE			İ
	Operator			
	Operator Connolid Address)i]	3
	Congolid	stod		_
	Connolid Address	stod		_
	Congolid Address Reason(s) for filing	stod		_
	Address Reason(s) for filing New Well	2031		_
	Address Reason(s) for filing New Well Recompletion	2038 (Check	prope	Far box)

10-18-65 (Date)

NEW MEXICO OIL CONSERVATION COMMISSION

Form C -104

	SANTA FE /	REQUE	EST FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO	AND TRANSPORT OIL AND NATURAL			
	LAND OFFICE	AUTHORIZATION TO	TRANSFORT OIL AND NATORAL	GAS		
	TRANSPORTER OIL /					
	OPERATOR (-				
I.	PRORATION OFFICE					
•	Operator		INI AND CORPORATE			
	Connolidated Oil &	Gas Ine.	OF BOTH Lamar TRE	ON PURCHASED ALL THE ASSETS		
	P 0 Boy 2038 Fax	educton. New Moxido	INC. INIS PURCHASE	INCLUDED N M C C		
	Reason(s) for filing (Check proper box		MERMHで帯 67のいかHIC INLAND CORPORATIO	H HAS BEEN TRANSFERRED TO		
	New Well Recompletion	Change in Transporter of: Oil D	ery Gas	CLYDE C. LaMAR, PRESIDENT		
	Change in Ownership	Casinghead Gas C	ondensate	INLAND CORPORATION		
	If change of ownership give name					
	and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Po	ol Name, Including Formation	Kind of Lease State, Federal or Fee		
	Location Rorthwest	4	Undisignated Gallup	Fotoral		
		Feet From The North	Line and 1810 Feet From	n The Fact		
	Line of Section , To	wnship 25 North Range	West , NMPM, Rio	County County		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAI	L GAS			
	Name of Authorized Transporter of Oi		Address (Give address to which app	roved copy of this form is to be sent)		
	Name of Awhorized Transporter of Co	singhed Gas or Dry Gas	Address Give address to which app	rover copy of this form is is be sent)		
	Name of Authorized Transporter of Co		,			
	If well produces oil or liquids,	Unit Sec. Twp. Rgs	e. Is gas actually connected?	When		
	give location of tanks.	B 8 26 N	t W Yes			
T % 7		ith that from any other lease or p	pool, give commingling order number:	PC-246		
17.	COMPLETION DATA	Oil Well Gas W	ell New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completi		T N David	I D B T D		
	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		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT		
V	TEST DATA AND REQUEST F		t be after recovery of total volume of load o his depth or be for full 24 hours)	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	Choke Size		
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - NOF		
				OCT 21 1965		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravit Otta Con. Con.		
				DIST. 3		
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
	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.		OH CONSER	VATION COMMISSION		
VI						
			APPROVED OCT 21 19			
			given BYOriginal S	igned Emery C. Arnold		
-	•	_	TITLE Supervisor D			
	^	(li.			
	Clilo Ot	illina	If this is a request for al	n compliance with RULE 1104. lowable for a newly drilled or deepened		
	Clyle Kelling		well this form must be accom	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
	Production Foreign		All sections of this form	must be filled out completely for allow-		
	a a v v v v v v v v v v v v v v v v v	tite) -		able on new and recompleted wells.		

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.