<del></del>	<del>-/</del>		
DISTRIBUTION SANTA FE /	NEW MEXICO OIL COI		
FILE ,			
U.S.G.S.  LAND OFFICE	AUTHORIZ	ZATION TO TF INLAND	CC
TRANSPORTER GAS		OF BOT INC. TH	
OPERATOR		PERMIT -	<del>‡</del> 6:
PRORATION OFFICE  Operator	2	INLAND	CO
Royal Developms	nt Co.		
P.O. Box 1299, Reason(s) for filing (Check proper)		New Mexico	)
New Well	Change in Tra	msporter of:	
Hecompletics. Change in Ownership	Oil Casinghead G	as Cond	
f change of ownership give namend address of previous owner			
DESCRIPTION OF WELL AN	D LEASE	Well No. Pool N	· ~ ~ ~
Shiprock Navajo	- L	8 Sh:	
Location Unit Letter $f I$ ; $f J$	980 Foot From TV		-
			ine .8w
DESIGNATION OF TRANSPO Name of Authorized Transporter of	Oil Y or Conde	D NATURAL G	AS
		nsute	- 4
LeMar Trucking			
LeMar Trucking Name of Authorized Transporter of			
	Casinghead Gas Junit Sec.		, i
Name of Authorized Transporter of  If well produces oil or liquids,	Casinghead Gas Unit Sec.  I Sec.  With that from any ot	or Dry Gas Twp. Rge.	I, gi
Name of Authorized Transporter of  If well produces oil or liquids, give location of tanks.  If this production is commingled	Casinghead Gas Unit Sec.  I Sec.  With that from any ot	or Dry Gas Twp. Rge.	l, gi
Name of Authorized Transporter of  If well produces oil or liquids, give location of tanks.  If this production is commingled  COMPLETION DATA	Casinghead Gas Unit Sec.  I Sec.  With that from any ot	or Dry Gas Rge. Twp. Rge. her lease or poolell Gas Well	I, gi
Name of Authorized Transporter of  If well produces oil or liquids, give location of tanks.  If this production is commingled  COMPLETION DATA  Designate Type of Comple	Casinghead Gas Unit Sec.  I Sec.  with that from any ot  tion - (X)	or Dry Gas Twp. Rge.  Twp. Rge.  her lease or poolell Gas Well  y to Prod.	I
Name of Authorized Transporter of  If well produces oil or liquids, give location of tanks.  If this production is commingled  COMPLETION DATA  Designate Type of Comple	Casinghead Gas Unit Sec.  I Sec.  With that from any of Sec.  Stion - (X)  Date Compl. Ready	or Dry Gas Twp. Rge.  Twp. Rge.  her lease or poolell Gas Well  y to Prod.	l, gi
Name of Authorized Transporter of  If well produces oil or liquids, give location of tanks.  If this production is commingled  COMPLETION DATA  Designate Type of Comple  Date Spudded  Fool	Casinghead Gas  Unit Sec.  I Ba  with that from any ot  ction — (X)  Date Compl. Ready	or Dry Gas Twp. Rge.  Twp. Rge.  Her lease or poolell Gas Well  y to Prod.	I, gi
Name of Authorized Transporter of  If well produces oil or liquids, give location of tanks.  If this production is commingled  COMPLETION DATA  Designate Type of Comple  Date Spudded  Fool	Casinghead Gas  Unit Sec.  I Sa  with that from any ot  ction — (X)  Date Compl. Ready  Name of Producing	or Dry Gas Twp. Rge.  Twp. Rge.  her lease or poolell Gas Well  y to Prod.	1, gi,
Name of Authorized Transporter of  If well produces oil or liquids, give location of tanks.  If this production is commingled  COMPLETION DATA  Designate Type of Comple  Date Spudded  Fool	Casinghead Gas  Unit Sec.  I Sa  with that from any ot  ction — (X)  Date Compl. Ready  Name of Producing	or Dry Gas Twp. Rge. Twp. Rge. her lease or poolell Gas Well y to Prod. g Formation	I, gi
Name of Authorized Transporter of  If well produces oil or liquids, give location of tanks.  If this production is commingled  COMPLETION DATA  Designate Type of Comple  Date Spudded  Fool	Casinghead Gas  Unit Sec.  I Sa  with that from any ot  ction — (X)  Date Compl. Ready  Name of Producing	or Dry Gas Twp. Rge. Twp. Rge. her lease or poolell Gas Well y to Prod. g Formation	I, gi
Name of Authorized Transporter of  If well produces of or liquids, give location of tanks.  If this production is commingled  COMPLETION DATA  Designate Type of Comple  Date Spudded  Fool  HOLE SIZE	Casinghead Gas  Unit Sec.  I Sa  with that from any ot  ction — (X)  Date Compl. Read;  Name of Producing	or Dry Gas Twp. Rge. Twp. Rge. her lease or poolell Gas Well y to Prod. Formation NG, CASING, AND	ND (
Name of Authorized Transporter of  If well produces of or liquids, give location of tanks.  If this production is commingled  COMPLETION DATA  Designate Type of Comple  Date Spudded  Fool  HOLE SIZE	Casinghead Gas  Unit Sec.  I Sa  with that from any ot  ction — (X)  Date Compl. Read;  Name of Producing	or Dry Gas Trup. Rge.  Twp. Rge.  Inc. Rge.  Gas Well  Gas Well  Your or Prod.  Formation  ING, CASING, AITUBING SIZE  Tubing Size	ND (
Name of Authorized Transporter of  If well produces of or liquids, give location of tanks.  If this production is commingled  COMPLETION DATA  Designate Type of Comple  Date Spudded  Hool  Hole Size  TEST DATA AND REQUEST  DIL WELL	Casinghead Gas  Unit Sec.  I Sa  with that from any ot  tion — (X)  Date Compl. Ready  Name of Producing  TUBI  CASING &	or Dry Gas Trup. Rge.  Twp. Rge.  Inc. Rge.  Gas Well  Gas Well  Your or Prod.  Formation  ING, CASING, AITUBING SIZE  Tubing Size	ND (
Name of Authorized Transporter of  If well produces oil or liquids, give location of tanks.  If this production is commingled  COMPLETION DATA  Designate Type of Comple  Date Spudded  Fool  Herforations  HOLE SIZE  TEST DATA AND REQUEST  OIL WELL  Date First New Oil Run To Tanks	Casinghead Gas  Unit Sec.  I Sec.  With that from any ot Stion — (X)  Date Compl. Ready  Name of Producing  TUBI  CASING & TOR ALLOWABLE  Date of Test	or Dry Gas Trup. Rge.  Twp. Rge.  Inc. Rge.  Gas Well  Gas Well  Your or Prod.  Formation  ING, CASING, AITUBING SIZE  Tubing Size	ND (
Name of Authorized Transporter of  If well produces oil or liquids, give location of tanks.  If this production is commingled  COMPLETION DATA  Designate Type of Comple  Date Spudded  Fool  Perforations  HOLE SIZE  TEST DATA AND REQUEST  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test	Casinghead Gas  Unit Sec.  I Sa  with that from any ot  Pation — (X)  Date Compl. Ready  Name of Producing  TUBI  CASING & T  Date of Test  Tubing Pressure	or Dry Gas Trup. Rge.  Twp. Rge.  Inc. Rge.  Gas Well  Gas Well  Your or Prod.  Formation  ING, CASING, AITUBING SIZE  Tubing Size	ND (
Name of Authorized Transporter of  If well produces oil or liquids, give location of tanks.  If this production is commingled  COMPLETION DATA  Designate Type of Comple  Date Spudded  Fool  Hole Size  TEST DATA AND REQUEST  Oute First New Oil Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL	Casinghead Gas  Unit Sec.  I Sa  with that from any ot  ction — (X)  Date Compl. Ready  Name of Producing  TUBI  CASING & T  Casing Pressure  Oil-Bbls.	or Dry Gas Trup. Rge.  Twp. Rge.  Inc. Rge.  Gas Well  Gas Well  Your or Prod.  Formation  ING, CASING, AITUBING SIZE  Tubing Size	ND (
Name of Authorized Transporter of  If well produces oil or liquids, give location of tanks.  If this production is commingled  COMPLETION DATA  Designate Type of Comple  Date Spudded  Fool  Perforations  HOLE SIZE  TEST DATA AND REQUEST  Date First New Oil Run To Tanks  Length of Test  Actual Prod. During Test	Casinghead Gas  Unit Sec.  I Sa  with that from any ot  Pation — (X)  Date Compl. Ready  Name of Producing  TUBI  CASING & T  Date of Test  Tubing Pressure	or Dry Gas Trup. Rge.  Twp. Rge.  Inc. Rge.  Gas Well  Gas Well  Your or Prod.  Formation  ING, CASING, AITUBING SIZE  Tubing Size	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII

Bus. Mgr.

2/28/65

(Title)

(Date)

## NSERVATION COMMISSION OR ALLOWABLE

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

U.S.G.S.  LAND OFFICE  I RANSPORTER GAS  OPERATOR  PRORATION OFFICE  GPERATOR	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  INLAND CORPORATION PURCHASED ALL THE ASSETS  OF BOTH LOMAR TRUCKING, INC. AND INLAND CRUDE, INC. THIS PURCHASE INCLUDED N. M. S. C. C.  PERMIT # 670 WHICH HAS LEEN TRANSFERRED TO  INLAND CORPORATION.					
Royal Developmen	ıt <sup>C</sup> o.	CLYDE C. Lam	AR, PRESIDENT			
Address B. C. R 1300	Y	INLAND CORPO	ORATION			
Reason(s) for filing (Check proper b	llbuquerque, New Mexico	Other (Please explain)				
New Well	Change in Transporter of:					
Recompletion Change in Ownership	Casinghead Gas Conder					
If change of ownership give name and address of previous owner						
DESCRIPTION OF WELL AND		me, Including Fermation	Kind of Lease			
Shiprock Navajo		rock Gallup	State, Federal or Fee Nav.			
Line of Section 17 , T	980   Feet From The   S   Lin	₿₩ , NMPM,	SJ County			
Name of Authorized Transporter of C  Letter Trucking  Name of Authorized Transporter of C		Address (Give address to which a Farmington	pproved copy of this form is to be sent)  New Mexico  pproved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When			
	with that from any other lease or pool,	give commingling order number:				
COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper	n Plug Back Same Res'v. Diff. Res'v.			
Designate Type of Complet						
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
Fool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
Perforations		d	Depth Casing Shoe			
		CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be a	fter recovery of total volume of load	l oil and must be equal to or exceed top allow-			
OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours)	•			
Date First New Oil Hun To Lanks	Date of Test	Producing Method (Flow, pump, go	as tift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MC FIFT			
		<u></u>	KLULIYED			
GAS WELL			MAD 1 9 1005			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gr. vity MARA 18 1965			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Chok Size DIST. 3			
CERTIFICATE OF COMPLIA	NCE	OIL CONSEF	RVATION COMMISSION			
		APPROVED MAR 1 8 19				
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.  (Signature)		BY 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	

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.