	\prec		
DISTRIBUTION SANTA FE /		CONSERVATION COMMISSION T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1 Effective 1-1-65
FILE /		AND	
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
TRANSPORTER GAS	OF BO	CORPORATION PURCHASED ALL TH LOMAR TRUCKING, INC. AND IS	SLAND CRUME
OPERATOR /	INC. II	HIS PURCHASE INCLUDED N. M. S. # 670 WHICH HAS LELN TRANSF	C
PRORATION OFFICE		CORPORATION.	EMARED TO
Operator	F :P	CLYDE C. LGMA	
Royal Developme	Bro.	INLAND CORPO	RATION
Reason(s) for filing (Check proper bo	Albuquerque, New Mexi	Other (Please explain)	
Necompletion.	Oil Dry Gas		
Change in Ownership	Casinghead Gas Con	densate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE		17/-2 -41
Lease Name	/	Name, Including Formation iprock Gallup	Kind of Lease State, Federal or Fee Navajo
Shiprock Navajo	10 01	zproon darrap	
Unit Letter J ; 19 8	Feet From The E XBAR 1	Line and XE 2475 Feet From	n The
Line of Section 17 , To	cwnship 29N Range	18W , NMPM, S.J	County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL	GAS Address (Give address to which ann	roved conv of this form is to be sent)
LeMar Trucking	Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Farming on, New Mexico		
Name of Authorized Transporter of C	asinghead Gas or Dry Gas		roved copy of this form is to be sent)
	Unit Sec. Twp. Rge.	Is gas actually connected?	When.
If well produces oil or liquids, give location of tanks.	J 17 29N 18W		
If this production is commingled w. COMPLETION DATA	with that from any other lease or poo		
Designate Type of Complet	ion - (X) Gas Well	New Well Workover Deeper.	Plug Back Same Res'v. Diff. Res'
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, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
. TEST DATA AND REQUEST		e after recovery of total volume of load o depth or be for full 24 hours)	il and must be equal to or exceed top allo
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	STERM
Actual Frod. During Test	Oil-Bbls.	Water-Bbls.	/KEPTIAFD/
			MAR 1 8 1965
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate.
Actual Prod. Test-MCF/D	Length of Test	DDIS. CONDENSATE/MMCF	
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
I. CERTIFICATE OF COMPLIA	NCE	li l	
		APPROVED MAR 1 8 1965	
I hereby certify that the rules and Commission have been complied	d regulations of the Oil Conservati with and that the information giv	On	
above is true and complete to t	he best of my knowledge and belie	ef. By Uriginal Signer	Emery C. Arnold

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.

This form is to be filed in compliance with RULE 1104.

TITLE Supervisor Dist. # 3

Bus. Mgr.

2/28/65

(Title)

(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.