NO. OF COPIES RECEIVED	B-ccc		
DISTRIBUTION	5-CCC 1-TCA NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C 104
SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
FILE /	KEGOEST	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	CAS
LAND OFFICE	AUTHORIZATION TO TRA		
I BANGBORTER OIL /		INLAND CORPORATI	ON PURCHASED ALL THE ASSETS UCKING, INC. AND INLAND CRUDE,
TRANSPORTER GAS;	!	OF BOTH Lamar IR	E INCLUDED N. M. S. C. C.
OFERATOR 3	<del></del>	MC. THIS PURCHAS	CH HAS BEEN TRANSFERRED TO
I. PRORATION OFFICE		MERMIT # 670 WHICH	TH HAS BEEN TRAINED TIMES
Operator		BLAND CORPORAT	CLYDE C. LaMAR, PRESIDENT
Beta Developmen	nt Ce.		INLAND CORPORATION
	Club Plaza, Farmington, N	ew Mexic	
Reason(s) for filing (Check proper bo		Other (Please explain)	
theor Well	Change in Transporter of:	Offier (Trease explain)	
Recompletion	Cil Dry G		
Change in Dwnership	Casinghead Gas Conde		
Arrays to Swinship	Custinghed Gds Conde	nsuteA	
If change of ownership give name			
and address of previous owner			
II. DESCRIPTION OF WELL AND		me, Including Formation	Kind of Lease
Mary Shepherd		Basin Dakota	State, Federal or Fee
Location			
Unit Letter;21(	G Feet From The South Lin	ne and 1760 Feet From	n The West
Line of Section 16 , To	ownship 😘 🐚 Range	, NMPM,	County
Line of Section 10 , To	ownship 30 N Range	, NMPM,	San Juan
III. DESIGNATION OF TRANSPOR			
Name of Authorized Transporter of O	il cr Condensate	Address (Give address to which app	roved copy of this form is to be sent)
Name of Authorized Transporter of C	Inc.	P.O. Box 1528, Farmin	roved copy of this form is to be sent)
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address to which app.	roved copy of this form is to be sent)
		1	171.
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		Vhen
	K 10 30N 11W		
If this production is commingled w  IV. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Designate Type of Complete	ion = (X)		1 1 1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pocl	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			·
Perforations			Depth Casing Shoe
	TUBING CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST I	FOR ALLOWABLE (Test must be a able for this di	ifter recovery of total volume of load o epth or be for full 24 hours)	il and must be equal to or exceed top allow-
OIL, WELL	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
			CEIL D
Lerath of Test	Tubing Pressure	Casing Pressure	CEPTIVEN
			VOLITIATO /
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			MAR 9 1965
' <u></u>			OIL CON. COM.
GAS WELL			OIL COR.
Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravit Di Sondensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
VI. CERTIFICATE OF COMPLIAN	NGE	OU CONSEDI	/ATION COMMISSION
I hereby certify that the rules and regulations of the Oil Conservation			
		APPROVED MAR 9 1965 , 19	
Commission have been complied above is true and complete to the	with and that the information given ne best of my knowledge and belief.	By Original Signed En	nery C. Arnol <sup>a</sup>
250.0 15 Calc and 10mpsots to			
··		TITLE Supervisor Dist. # 3	
Original signed by: JOHN T. HAMPTON		This form is to be filed in compliance with RULE 1104.	
		If this is a request for allowable for a newly drilled or deepened	
(Signature)		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Manager		All sections of this form must be filled out completely for allow-	
(Title)  3-8-65  (Date)		able on new and recompleted wells.  Fill out Sections I, II, III, and VI only for changes of owner,	
			II, and VI only for changes of owner, or other such change of condition.
14.	[ivite)		ist be filed for each pool in multiply
		completed wells.	-