

NO. OF COPIES RECEIVED	6
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	3
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
**INLAND CORPORATION PURCHASED ALL THE ASSETS
OF BOTH LaMAR TRUCKING, INC. AND INLAND CRUDE,
INC. THIS PURCHASE INCLUDED N. M. S. C. C.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
INLAND CORPORATION.**

Form
Superseu
Effective 1-1-64 C-104 and C-110

Operator Walker Bros. Oil Company		CLYDE C. LaMAR, PRESIDENT INLAND CORPORATION	
Address P. O. Box 776, Durango, Colorado			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Santa Fe	Well No. 7	Pool Name, Including Formation Hespah Gallup	Kind of Lease State, Federal or Fee Fee
Location: Unit Letter E ; 1650 Feet From The North Line and 330 Feet From The West Line of Section 7 , Township 17N Range 8W , NMPM, McKinley County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> LaMar Trucking Co., Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Farmington, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 7	Twp. 17N
		Rge. 8W	Is gas actually connected? No-----None Produced

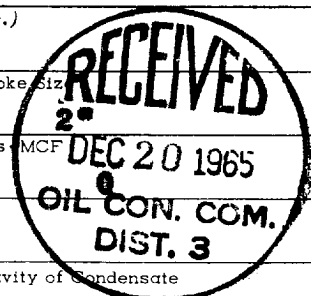
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resrv.	Diff. Resrv.
X			X					
Date Spudded Nov. 17, 1965	Date Compl. Ready to Prod. Dec. 16, 1965		Total Depth 1587		P.B.T.D. X 1582			
Pool Hespah	Name of Producing Formation Gallup		Top Oil/Gas Pay 1542		Tubing Depth 1502			
Perforations 1542-44; 1549-50; 1556-60; 1565-67; 1571-76					Depth Casing Shoe 1582			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12"	8 5/8"		24'		10 sx			
6 3/4"	4 1/2"		1582		100 sx			
	2 3/8"		1502					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 12/16/65	Date of Test 12/16 to 12/17	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size 2"
Actual Prod. During Test 90	Oil-Bbls. 86	Water-Bbls. 4	Gas-MCF 0



GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

Gloria Theurer
(Signature)

Secretary

(Title)

December 18, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 20 1965**, 19

BY **Original Signed Emery C. Arnold**

TITLE **Commissioner of Oil**

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 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.