

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
ANDForm C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PURCHASED ALL THE ASSETS  
OF BOTH LAMAR TRUCKING, INC. AND INLAND CRUDE,  
INC. THIS PURCHASE INCLUDED N. M. S. C.  
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO  
INLAND CORPORATION.CLYDE C. LaMAR, PRESIDENT  
INLAND CORPORATION

I.

|  |  |  |  |
|--|--|--|--|
| Operator<br><b>Petroleum Consultants, Inc.</b> |  | Address<br><b>2820 Central Ave., S. E., Albuquerque, New Mexico</b>                      |  |
| Reason(s) for filing (Check proper box)        |  | Other (Please explain) <b>Change of Corporation</b>                                      |  |
| New Well <input type="checkbox"/>              | Change in Transporter of:<br>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | <b>name from Val R. Reese &amp; Assoc.,<br/>Inc., to Petroleum Consultants,<br/>Inc.</b> |  |
| Recompletion <input type="checkbox"/>          | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>                |  |  |
| Change in Ownership <input type="checkbox"/>   |  |  |  |

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

|   |                      |   |   |
|---|----------------------|---|---|
| Lease Name<br><b>Connie</b>   | Well No.<br><b>1</b> | Pool Name, Including Formation<br><b>Escrito Gallup</b> | Kind of Lease<br>State, Federal or Fee <b>Federal</b> |
| Location<br>Unit Letter <b>I</b> ; <b>1980</b> Feet From The <b>South</b> Line and <b>660</b> Feet From The <b>East</b><br>Line of Section <b>21</b> , Township <b>24N</b> Range <b>7W</b> , NMPM, <b>Rio Arriba</b> 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"/><br><b>Lamar Trucking, Inc.</b><br><b>Basin Pipeline, Inc.</b> | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 1528, Farmington, N. Mex.</b><br><b>236 Petroleum Plaza Bldg., Farmington</b> |                   |  |
| Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>El Paso Natural Gas Company</b>                 | Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. Box 997, Farmington, N. Mex.</b>  |                   |  |
| If well produces oil or liquids,<br>give location of tanks.  | Unit<br><b>I</b>  | Sec.<br><b>21</b> | Twp.<br><b>24N</b>                       |
|  |   | Rge.<br><b>7W</b> | Is gas actually connected?<br><b>yes</b> |
|  |   |                   | When<br><b>6-60</b>                      |

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 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 |           |             |              |
| TUBING, CASING, AND CEMENTING RECORD |                             |          |                 |          |                   |           |             |              |
| HOLE SIZE                            | CASING & TUBING SIZE        |          | DEPTH SET       |          | SACKS CEMENT      |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |
|                                      |                             |          |                 |          |                   |           |             |              |

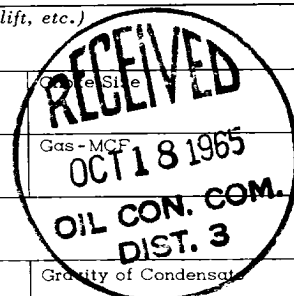
V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(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 | 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-MCF    |

## 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.ORIGINAL SIGNED BY  
LEWIS G. JAMESON

(Signature)

Vice President

(Title)

10-4-65

(Date)

OIL CONSERVATION COMMISSION  
OCT 18 1965

APPROVED \_\_\_\_\_, 19

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  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-  
able 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.

