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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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. 1 - Cont.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO 1 - File
INLAND CORPORATION. - - Atlantic

Tenneco Oil Company

Clyde C. LaMAR, PRESIDENT
INLAND CORPORATION

P. O. Box 1714, Durango, Colorado 81301

Reasons for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		Effective First Delivery
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name	Lease No.	Well No.	Pool Name, including Formation	State of Lease
Jicarilla	"A"	4	Basin Dakota	State, Federal or Free Federal
Location				
Unit Letter	K	1850	Feet From The South line and	1850
		Feet From The	West	
Line of Section	19	Township	26-N	Range
			5-W	NMPM, Rio Arriba County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Lamar Inc.	P. O. Box 1528, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas	P. O. Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	K	19
		26
		5
		No
		On Approval

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
9/22/65	11/23/65		7585		7526			
Elevations (DT, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
6633 GR	Basin Dakota		7255		7490			
Perforations					Depth Casing Shoe			
7255-7490					7585			
TUBING, CASING, AND CEMENTING RECORD								
PIPE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
2 1/2	8-5/8		434		250 sx			
6-3/4	4-1/2		7584		1st stage 300 sx			
					2nd stage 310 sx			
	2-3/8 tbg.		7490		3rd stage 570 sx			

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
9934	3 Hours	---	---
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
Back Pr.	611	1243	3/4

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.

Harold C. Nichols
Harold C. Nichols (Signature)
Senior Production Clerk
(Title)
March 21, 1966
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 22 1966, 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 allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI 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.

