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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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. PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO INLAND CORPORATION.

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator El Paso Products Company		CLYDE C. LAMAR, PRESIDENT INLAND CORPORATION	
Address Post Office Box 1560, Farmington, New Mexico 87401			
Reason(s) for filing (Check proper box)		Other (Please explain) Change in Company Name:	
New Well <input type="checkbox"/>	Change in Transporter of:	El Paso Natural Gas Products Company to	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	EL PASO PRODUCTS COMPANY	
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 _____

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, Including Formation	Kind of Lease
Lease Name Western "C"		1	Basin Dakota	State, Federal or Fee Federal
Location				
Unit Letter A ; 990 Feet From The North Line and 990 Feet From The East				
Line of Section 20 , Township 26N Range 11W , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	La Mar Trucking, Inc.	P. O. Box 1528, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit A Sec. 20 Twp. 26N Rge. 11W	Is gas actually connected? Yes	When 9-11-61

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)									
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				

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

I. 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 WILLIAM R. SPEER	
(Signature)	
Division Manager	
(Title)	
March 2, 1966	
(Date)	

OIL CONSERVATION COMMISSION	
APPROVED MAR 2 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 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.	