NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL CO	ONSERVATION COMMISSION	Form C-104
SANTA FE /	,	FOR ALLOWABLE	Supersedes Old C-104 and C-110
FILE /		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL	GAS
LAND OFFICE	IN	LAND CORPORATION PURCHAS	ED ALL THE ASSETS
TRANSPORTER OIL /		BOTH LaMAR TRUCKING, INC.	
GAS /	IN	C. THIS PURCHASE INCLUDED A	. M. S. C. C.
OPERATOR L		RMIT # 670 WHICH HAS ELIN	TRANSFERRED TO
PRORATION OFFICE	INL	AND CORPORATION.	
Operator			. LaMAR, PRESIDENT
El Paso Products C	ompany	INLAND	CORPORATION
Address		•	
Post Office Box 156	0, Farmington, New Mexico	87401	
Reason(s) for filing (Check proper be		Other (Please explain)	Change in Company Name:
Hew Well	Change in Transporter of:	El Paso Natura (	Gas Products Company to
Recompletion	Oil Dry Gas		
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name and address of previous owner			
I. DESCRIPTION OF WELL ANI	D LEASE		
Lease Na: le	Well No. Pool Nan	me, Including Formation	Kind of Lease
Delhi-Taylor "C"	l Ba	sin Dakota	State, Federal or Fee Federal
Location Unit Letter M; 7	90 Feet From The South Line	e and 790 Feet Fro	m The West
Line o: Section 4 , 7	Township $26{ m N}$ Range	11W , NMPM,	San Juan County
Name of Authorized Transporter of (	·	Address (Give address to which up)	proved copy of this form is to be sent)
<u>La Mar Trucking C</u>			ngton, New Mexico 87401 proved copy of this form is to be sent)
Name of Authorized Transporter of (		,	
El Paso Natural Ga			agton, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.  M 4 26N 11W		When 2-26-59
If this production is commingled V. COMPLETION DATA	with that from any other lease or pool,		
Designate Type of Comple	tion (Y) Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv
Designate Type of Comple	tion = (X)	1 1	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Pool	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING, AND	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		<u> </u>	<u> </u>
v. Test data and request			oil and must be equal to or exceed top allow
OIL WELL	. able for this de	epth or be for full 24 hours)	102
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
			, Challes Star
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Ott-Bhis.	Water - Bbls.	Gas-MOR
L Sexual Dead Dusing Tool	. / W = HD18	I MATER - DATE:	

			•
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MOR
GAS WELL			MAR 2 1966
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Gorde GON. COM-
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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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.

	Address		
riginal Signed	(Signatu	re)	
Division Man	ager		
	(Title)		
March 1, 196	66		
March 1, 196	66 (Date)	)	

OIL CONSE:RVATION COMMISSION

MAR 2 1966 APPROVED\_ Original Signed Emery C. Arnold

Supervisor Dist. # 3 TITLE \_\_

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 VI...

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.