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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATOR	
PRORATION OFFICE	2

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION ~~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.

Clyde C. Lamar, President

BENSON-MONTIN-GREER DRILLING CORP.

158 Petroleum Center Building, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	<input 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 checked="" type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	GINTHER	Well No.	2	Pool Name, including Formation	Basin Dakota	Kind of Lease	State, Federal or Fee Federal	
Location								
Unit Letter	K	Feet From The	2310	Line and	south	Feet From The	1850 west	
Line of Section	13	Township	27N	Range	13W	NMPM,	San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Lamar Trucking, Inc.	Address (Give address to which approved copy of this form is to be sent)	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	Sec.	Twp.	Rge.	Is gas actually connected?	When	

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

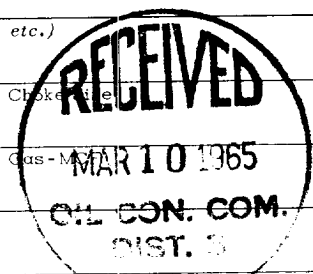
IV. COMPLETION DATA

Designate Type of Completion - (X)	<input type="checkbox"/>	Oil Well	<input type="checkbox"/>	Gas Well	<input type="checkbox"/>	New Well	<input type="checkbox"/>	Workover	<input type="checkbox"/>	Deepen	<input type="checkbox"/>	Plug Back	<input type="checkbox"/>	Same Res'v.	<input type="checkbox"/>	Diff. Res'v.	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth				P.R.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-MMCF



GAS WELL

Actual Prod. Test-MMCF/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.

Albert R. Greer
(Signature)

Vice-President

(Title)

March 9, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 10 1965, 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.