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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

INLAND CORPORATION PURCHASED ALL THE ASSETS
OF BOTH LAMAR OIL FIELD, INC. AND INLAND OIL CO.,
INC. THIS PURCHASE WAS MADE BY M. S. C. C.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
INLAND CORPORATION.

CLYDE C. LAMAR, PRESIDENT
INLAND CORPORATION

Reason(s) for filing (Check proper box)	Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Request authority to transport effective 1st delivery.	
Precompletion <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>		
Change in Transporter <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name Omler "A"	Lease No. 3	Well No. 3	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Section 26 Township 28N Range 10W NMPM, San Juan County				
Foot Letter 790 Feet From The W Line and 790 Feet From The S				

III. 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)					
Southern Union Gas	208 East Apache, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit 26	Sec. 28	Twp. 10	Rge. No	Is gas actually connected? No	When On Approval

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 <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 6/3/65	Date Compl. Ready to Prod. 7/12/65	Total Depth 6555	P.B.T.D. 6511					
Elevations (DE, RKB, RT, GR, etc.) 5868CR	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6267	Tubing Depth 6445					
Perforations 6267-6450	Depth Casing Shoe 6555							
TUBING, CASING, AND CEMENTING RECORD								
12-1/4 7-7/8	HOLE SIZE	8-5/8 4-1/2	CASING & TUBING SIZE	299 6553	DEPTH SET	125 Sx 1450 sx	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 8581	Length of Test 3 Hours	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pitot, back pr.) AOF	Tubing Pressure 502	Casing Pressure 1057	Choke Size 3/4

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
Harold C. Nichols (Signature)
Senior Production Clerk

December 16, 1965 (Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 16 1965**, 19
BY **Original Signed Emery C. Arnold**
TITLE **Supervisor Dist. # 2**

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 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.