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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 TRUCKING, INC. AND INLAND CRUDE,  
INC. THIS PURCHASE INCLUDED N. M. O. C. I.  
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO  
INLAND CORPORATION.

CLYDE C. LaMAR, PRESIDENT  
INLAND CORPORATION

I. Operator  
Tenneco Oil Company  
Address  
Box 1714, Durango, Colorado  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
Well has been S.I.  
Req. auth. to transport  
Effective 1st delivery  
If change of ownership give name  
and address of previous owner  
Delhi Taylor, Box 1198, Farmington, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name Day	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter H ; 1450 Feet From The North Line and 835 Feet From The East Line of Section 7 , Township 29 N Range 8 W , 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	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 checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 7	Twp. 29	Rge. 8	Is gas actually connected? No	When Approximately 8-1-65

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 10-30-62	Date Compl. Ready to Prod. 1-2-63	Total Depth 7420	P.B.T.D.					
Pool Basin Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 7234	Tubing Depth 7072					
Perforations 7126-7358	Depth Casing Shoe 7420							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4	10-3/4 TUBING		161		125 sacks			
9-7/8	7-5/8		2-3/8 - 923'		3049			
6-3/4	5-1/2		2-7/8 - 6147'		6936			
4-3/4	4-1/2		800		100 sacks			

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 1935	Length of Test 24 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) AOF	Tubing Pressure SITP 2115 Flow 156	Casing Pressure SICP 2117 Flow 389	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 H. C. Nichols

(Signature)

Sr. Production Clerk

(Title)

August 2, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 3 1965

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.

