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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

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. S. C.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
INLAND CORPORATION.

CLYDE C. LAMAR, PRESIDENT
INLAND CORPORATION

Operator Tenneco Oil Company	
Address Box 1714, Durango, Colorado	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	
Other (Please explain) Dakota has been S.I. Request authority to transport. Eff. first delivery.	

If change of ownership give name
and address of previous owner * Southern Union Owns Tank Battery on Mesaverde
Well was deepened from Mesaverde to Dakota 5-12-62

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 30	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter M ; 870 Feet From The South Line and 830 Feet From The West Line of Section 1 , Township 29 Range 8 , 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 checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1565, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 1
	Twp. 29	Rge. 8
	Is gas actually connected? When No Approximately 8-20-65	

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			X
Date Spudded 5-12-62	Date Compl. Ready to Prod. 1-15-63		Total Depth 7773		P.B.T.D. ---			
Pool Basin Dakota	Name of Producing Formation Dakota		Top Oil/Gas Pay 7414		Tubing Depth 7364			
Perforations 7414-7682					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10-3/4		137		100			
9-7/8	7		4700		200			
6-1/4	4-1/2		7773		200			
	2-3/8		7364					

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 2203	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate DIST. 3
Testing Method (pitot, back pr.) AOF	Tubing Pressure 2216	Casing Pressure 960	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.

H. C. Nichols (Signature)

Senior Production Clerk
(Title)

9-10-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 17 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 allow-
able 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