

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

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	1
PRORATION OFFICE	

Operator Socony Mobil Oil Company, Inc.		CLYDE C. LAMAR, PRESIDENT INLAND CORPORATION	
Address 10737 South Shoemaker Ave., Santa Fe Springs, California			
Reason(s) for filing (Check proper box)		Effective 7-1-65	
New Well <input type="checkbox"/>	Change in Transporter of:	Other (Please explain)	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Change lease names	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	well number	
	Dry Gas <input type="checkbox"/>		
	Condensate <input checked="" type="checkbox"/>		

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Nye	Well No. 41	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter L ; 1450 Feet From The South Line and 990 Feet From The West			
Line of Section 8 , Township 29N Range 10W , 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"/>	Address (Give address to which approved copy of this form is to be sent)		
Lamar Trucking, Inc.	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)		
El Paso Natural Gas Co.	Box 990, Farmington, New Mexico		
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 8	Twp. 29N Rge. 10W
Is gas actually connected?	When		3-4-61
Yes			

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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.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 - MCF

## GAS WELL

Actual Prod. Test-MCF/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.H. H. Carrick, Jr. (Signature)  
District Producing Superintendent  
(Title)

July 1, 1965

(Date)

## OIL CONSERVATION COMMISSION

APPROVED JUL 6 1965  
Original Signed By  
BY A. R. KENDRICK  
TITLE PETROLEUM ENGINEER DIST. NO. 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  
completed wells.