1 rloneer NO. OF COPIES RECEIVED DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 Supersedes Old C-104 and C-110 SANTA FE REQUEST FOR ALLOWABLE Effective 1-1-65 FILE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS u.s.g.s. INLAND CORPORATION PURCHASED ALL THE ASSETS LAND OFFICE OF BOTH LOMAR TRUCKING, INC. AND INLAND CRUDE, OIL FRANSPORTER INC. THIS FURCHASE INCLUDED N. M. S. C. PERMIT # 670 WHICH HAS EEN TRANSFERRED TO OPERATOR INLAND CORPORATION. PRORATION OFFICE Pioneer Production Corp. CLYDE C. LaMAR, PRESIDENT INLAND CORPORATION Box 234, Farmington, N. M. Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Dry Gas Recompletion Effective 3/1/65 Condensate Change in Ownership Casinghead Gas If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. Pool Name, Including Formation Lease Nan State, Federal or Fee 1 (Dk Basin Dakota Johnston <u>Patented</u> Location South Line and 790 East **1750** Feet From The Feet From The Unit Letter 12W , NMPM, San Juan 28 Line of Section Township 30N Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Box 1528, Farmington, N. M. Address (Give address to which approved copy of this form is to be sent) LaMar Trucking, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas 🟋 El Paso Natural Gas Co. Box 990, Farmington, N. M. Rge. Is gas actually connected? If well produces oil or liquids, give location of tanks. 30N 12W 28 **GREE** Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Same Res'v. Diff. Res'v. Plug Back Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Fool Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks Choke Size Casing Pressure Tubing Pressure Length of Test Water-Bbls. Oil-Bbls. Actual Prod. During Test **GAS WELL** Length of Test Actual Prod. Test-MCF/D Bbls. Condensate/MMCF OM. COM Casing Pressure Testing Method (pitot, back pr.) Tubing Pressure OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE APPROVED WAR: 155:1965 By _, 19 -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. A. R. KENDRICK BY PETROLEUM ENGINEER DIST. NO. 3 TITLE Original signed by T. A. Dugan 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. (Signature) Consulting Engineer All sections of this form must be filled out completely for allowable on new and recompleted wells.

3/3/65

(Date)

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.