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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. S. C.  
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	<input type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Well has been S.I. Req. authority
Change in Ownership	<input checked="" type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	to transport. Eff. 1st delivery.
		Dry 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 Florance	Well No. 49	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed.
Location Unit Letter _____; 1080 Feet From The South Line and 1695 Feet From The East Line of Section 22, Township 30, Range 9, 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"/> <del>Lamar Trucking</del>	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 22	Sec. 30	Twp. 9	Rge. 9	Is gas actually connected? yes	When August 12, 1965

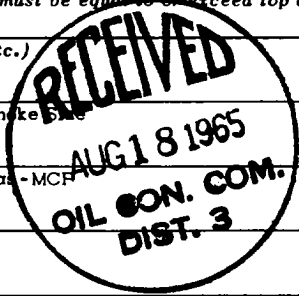
If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 3-4-63	Date Compl. Ready to Prod. 8-21-63		Total Depth 7711		P.B.T.D. 7397			
Pool Basin Dakota	Name of Producing Formation Dakota		Top Oil/Gas Pay 7193		Tubing Depth 2-3/8 EUE 7030			
Perforations 7342-7085					Depth Casing Shoe 7711			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4	13-3/8		370		350 sacks			
11	9-5/8		3775		180 sacks			
8-3/4	7		5385		150 sacks			
6	4-1/2 line		5178 - 7395		360 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 4416	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate ----
Testing Method (pitot, back pr.) AOF	Tubing Pressure SITP 1878	Casing Pressure FCP 1005 SICP 1874	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)  
Senior Production Clerk

(Title)

8-17-65

(Date)

OIL CONSERVATION COMMISSION

AUG 18 1965

APPROVED \_\_\_\_\_, 19

BY Original Signed Emory C. Arnold

TITLE

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.