NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE		Form C-104
SANTA FE /			Supersedes Old C-104 and C-1 Effective 1-1-65
FILE U.S.G.S.	ALITHODIZATION TO TR	AND	LAGON PURCHASED ALL THE ASSETS
LAND OFFICE	AUTHORIZATION TO TR		RAGON FORCHASTE ALL THE ASSETS
IRANSPORTER GAS		INC. THIS PURCH	HASE INCLUDED No. 1 C. C. VHICH HAS BEEN TO 10 1.00
OPERATOR		INLAND CORPOR	
PRORATION OFFICE		(,	CLYDE C. Lod, PRESIDEN
Operator 👚	A & DETLING COMPANY	r, IMC.	INLAND CORPORATION
Address			444
13	NEST 72nd STREET,		923
Reason(s) for filing (Check proper box		Other (Please explain)	
Cow Well	Change in Transporter of: On: Dry G	as X	
Recompletion Change in Ownership	= -	ensate K	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE Well No. Pool N	ame, Including Formation	Kind of Lease
Liber	· · · · · · · · · · · · · · · · · · ·	Basin Darota	State, Federal or Fee
Location			
Unit Letter 🕱;99	Feet From The S Li	ine and 1650 Feet Fr	rom The
•		13V NMPM. SA	Y JYAY County
Line of Section , To	ownship Range	ASW , NMPM, SA	County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of Ci	or Condensate	Address (Give address to which a)	pproved copy of this form is to be sent)
LAMBAR TRUCKING			pproved copy of this form is to be sent)
Mame of Authorized Transporter of Co			
POSLUTERN ANTON CV.	Unit Sec. Twp. Rge.	Is gas actually connected?	WER BLOS. DALLAS, TEXA
If well produces oil or liquids, dive location of tanks.	M 6 30m 13W	YES	6-13-62
	with that from any other lease or pool	give commingling order number:	
. COMPLETION DATA		New Well Workover Deeper	Plua Back Same Res'v. Diff. Res'
Designate Type of Complet		New Well Workover 200per	1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Luol	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
	TUBING, CASING, A	ND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	CC 1 CW
			ALPHATA /
			1160-
			MAR 1 8 1965
. TEST DATA AND REQUEST 1	FOR ALLOWARIE (Test must be	after recovery of total volume of load	d oil and mustric equal to exceed to all
OIL WELL	able for this	depth or be for full 24 hours)	DIST. 3
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	as lift, etc.)
	•		
		Casina Pressure	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Length of Test Actual Prod. During Test	Turing Pressure	Casing Pressure Water-Bbls.	Choke Size Gas - MCF
Actual Prod. During Test GAS WELL	Oil-Bhls.	Water-Bbls.	
Actual Prod. During Test			Gas - MCF
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Oil-Bhls.	Water-Bbls.	Gas - MCF
Actual Prod. During Test GAS WELL	Oil-Bbls. Length of Test	Water-Bbls. Bbls. Condensate/MMCF	Gas-MCF Gravity of Condensate
Actual Prod. During Test GAS WELL Actual Prod. Test-MCF/D	Oil-Bbls. Length of Test Tubing Pressure	Water-Bbls. Bbls. Condensate/MMCF Casing Pressure	Gas-MCF Gravity of Condensate
Actual Frod. During Test GAS WELL Actual Frod. Test-MCF/D Testing Method (pitot, back pr.) L CERTIFICATE OF COMPLIA	Oil-Bbls. Length of Test Tubing Pressure	Water-Bbls. Bbls. Condensate/MMCF Casing Pressure OIL CONSEI	Gravity of Condensate Choke Size RVATION COMMISSION
Actual Prof. During Test GAS WELL Actual Prof. Test-MCF/D Testing Method (pitot, back pr.) I. CERTIFICATE OF COMPLIA	Oil-Bbls. Length of Test Tubing Pressure	Water-Bbls. Bbls. Condensate/MMCF Casing Pressure OIL CONSER	Gas-MCF Gravity of Condensate Choke Size RVATION COMMISSION

(Signature) WILLIAM C. WSSEL. 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. President

(Title)

MARCH 15, 1965

TITLE Supervisor Dist. # 3

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.

This form is to be filed in compliance with RULE 1104.