

9-1-65

Emery,



Please alter your
record for this well
accordingly.

Thanks,
L.R.H.
Records Sec.

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
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LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		1
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

165 AUG

INLAND 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.

I. Operator Tenneco Oil Company		CLYDE C. LaMAR, PRESIDENT INLAND CORPORATION
Address P. O. Box 1714, Durango, Colorado		
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Other (Please explain) Well has been S.I. Request auth. to transport. Eff. 1st delivery.

If change of ownership give name
and address of previous owner

Previously Delphi - Taylor well change list
Date 8-2-65

II. DESCRIPTION OF WELL AND LEASE

Lease Name Atlantic	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter A ; 990 Feet From The North Line and 990 Feet From The East Line of Section 34 , Township 31N 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"/> Lamar Trucking	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	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 34
	Twp. 31	Rge. 10
	Is gas actually connected? Yes	When August 16, 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'v.	Diff. Res'v.
		X	X					
Date Spudded 7-14-63	Date Compl. Ready to Prod. 8-9-63	Total Depth 7642	P.B.T.D. ----					
Pool Basin Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 7376	Tubing Depth 7372					
Perforations 7498-7376 (5590-91 and 5547-59 squeezed off w/175 sacks)		Depth Casing Shoe 7642						
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
15	10-3/4	332		300				
9-7/8	7-5/8	3242		425				
6-3/4	4-1/2	7642		270				
	2-3/8	7432						

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 1706	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate EST. 3
Testing Method (pitot, back pr.) AOF	Tubing Pressure FTP 146 SITP 1727	Casing Pressure FCP 446 SICP 1725	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)

8-19-65

OIL CONSERVATION COMMISSION

AUG 23 1965

APPROVED _____, 19____

BY Emory Elmer

Supervisor Dist. # 3

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,