

| | | |
|------------------------|-----|---|
| NO. OF COPIES RECEIVED | | 5 |
| DISTRIBUTION | | |
| SANTA FE | | / |
| FILE | | / |
| 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 M. M. S. C. C.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
INLAND CORPORATION.

| | | | | |
|--|-------------------------------------|--|--|--------------------------|
| Operator Tenneco Oil Company | | CLYDE C. LAMAR, PRESIDENT INLAND CORPORATION | | |
| Address Box 1714, Durango, Colorado | | | | |
| Reason(s) for filing (Check proper box) | | Other (Please explain) | | |
| New Well | <input type="checkbox"/> | Change in Transporter of: | Well has been SI Request auth. to transporter Effective 1st delivery | |
| Recompletion | <input type="checkbox"/> | Oil | | <input type="checkbox"/> |
| Change in Ownership | <input checked="" type="checkbox"/> | Casinghead Gas | | <input type="checkbox"/> |
| If change of ownership give name and address of previous owner | | Delhi Taylor Oil Corp., Box 1198, Farmington, New Mexico | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|---|---------------|--|--|
| Lease Name Newberry | Well No. 1 | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter NE/4 A, 790 Feet From The North Line and 790 Feet From The East Line of Section 17, Township 31 N, Range 12 W, 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 | 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 | Box 990, Farmington, New Mexico | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
| | | 17 | 31N | 12W | No | Approximately 8-1-65 |

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 7-12-63 | Date Compl. Ready to Prod. 7-30-63 | Total Depth 7216 | | P.B.T.D. | | | | | |
| Pool Basin Dakota | Name of Producing Formation Dakota | Top Oil/Gas Pay 6992 | | Tubing Depth 7020 | | | | | |
| Perforations 7197-7204, 7153-58, 7008-7121 | | | | Depth Casing Shoe 7216 | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | | |
| 15" | 10-3/4 | | 325 | | 300 | | | | |
| 9-7/8 | 7-5/8 | | 4739 | | 475 | | | | |
| 6-3/4 | 4-1/2 | | 7245 | | 297 | | | | |
| | 2-3/8 | | 7020 | | | | | | |

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 10,966 Q= 6301 MCFD | Length of Test 24 hours | Bbls. Condensate/MMCF 0 | Gravity of Condensate |
| Testing Method (pitot, back pr.) AOF | Tubing Pressure SITP 2081 Flow P. 504 | Casing Pressure SICP 2003 | Choke Size 3/4 |

I. 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)

Sr. Production Clerk
(Title)

August 2, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 3 1965, 19

BY Original Signed Emery C. Arnold

TITLE Supervisor Dist. # 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 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.

