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OPERATOR		2
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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. C.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
INLAND CORPORATION.

Operator Marathon Oil Company		CLYDE C. LaMAR, PRESIDENT INLAND CORPORATION	
Address P. O. Box 120, Casper, Wyoming			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Government	Well No. 1-8	Pool Name, Including Formation Blanco-Mesaverde	Kind of Lease State, Federal or Fee Federal
Location N 990 South 1650 West			
Unit Letter 8 ; Feet From The 31-N Line and 12-W Feet From The San Juan County			
Line of Section 8 , 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 type="checkbox"/> Lamar Trucking, Inc.	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 8	Twp. 31-N
			Rge. 12-W
			Is gas actually connected? Yes
			When 5-13-57

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						
Date Spudded 9-31-56	Date Compl. Ready to Prod. 11-6-56	Total Depth 5060'	P.B.T.D. 4988'					
Pool Blanco Mesaverde	Name of Producing Formation Point Lookout	Top Oil/Gas Pay 4720'	Tubing Depth 4981.57					
Performance 4965-4950, 4850-4835, 4745-4720, 4790-4760'			Depth Casing Shoe 4620' KB					

TUBING, CASING, AND CEMENTING RECORD

PIPE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
15"	10-3/4"	206' KB	210
8-3/4"	7"	4620' KB	600
6-1/4"	5"	4398-5055' KB	190
	2-3/8"	4981.57'	

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

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.

E. F. Lindahl
(Signature)
Office Supervisor

April 20, 1965
(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 21 1965**
BY **Original Signed Emery C. Arnold**
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, 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.