NO. OF COPIES RECEIVED			
DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104
SANTA FE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11
FILE /	- ∱* - 1	AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT PLANDE ON THE	ONE RURCHASED ALL THE ASSETS
LAND OFFICE		OF BOTH LaMAR TRU	CKING, INC. AND INLAND CPUDE, INCLUDED N. M. S. C.
TRANSPORTER GAS		INC. THIS PURCHASE	HAS BEEN TRANSFERRED TO
OPERATOR J		INLAND CORPORATION	ON.
I. PRORATION OFFICE			CLYDE C. LaMAR, PRESIDENT INLAND CORPORATION
RENCO INC.			MAND CORPORATION
Address			•
Reason(s) for filing (Check proper bo.	ional Bank Bldg East, A	Lbuquerque, New Mexico	
New Well	Change in Transporter of:	Omer it reads explains	
Recompletion	Oil X Dry G	Gas	
Change in Ownership	Casinghead Gas Cond	ensate	
If change of ownership give name		En 0+ N W Wathingt	on D.C.
and address of previous owner	Lemm & Maiatico, 1726	eye sa., N.W., washanga	<i>on</i> , <i>v</i> . · · ·
II. DESCRIPTION OF WELL AND	LEASE		
Lease Na: te	Well No. Pool N	ame, Including Formation	Kind of Lease State, Federal or Fee Fodonal
NE GOVE. TRUEL	CENCO 1 Pu	erto Chiquito GALLC	State, Federal or Fee Federal
Location	30 Feet From The S L	ine and 1980 Feet Fro	m The W
Unit Letter N ; 2:	30 Feet From The らし上	ine and reet i lo	
Line o: Section 5 , To	ownship 24N Range	1E , NMPM,	Rio Avriba County
Name of Futhorized Transporter of C.	RTER OF OIL AND NATURAL G	Address (Give address to which app	proved copy of this form is to be sent)
Lamar Trucking Co.		P. O. Box 1528, Fo	umington, New Mexico
Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	Address (Give address to which app	proved copy of this form is to be sent)
If well produces oil or liquids,	Unit Sec. Twp. Rge.	.5 945 201241, 24111	When
give locat on of tanks.	1 5 24N 1E	No	
	rith that from any other lease or pool	, give commingling order number:	None
IV. COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv
Designate Type of Complet	ion – (X)	1	1
Date Spud-led	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Pool	Ivanie of Floatsing Formation		
Perforations			Depth Casing Shoe
		ND CEMENTING RECORD	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST		after recovery of total volume of load depth or be for full 24 hours)	oil and must be equal to or exceed top allou
OIL WELL Date First New Cil Rur. To Tanks	Date of Test	Producing Method (Flow, pump, gas	s lift, etc.)
Take I have you can be I ama			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
		Water-Bbls.	Gastaf
Actual Prod. During Test	Oil-Bbls.	wdter-Bbts.	
			JUL 1 9 1965
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Cornelisate 8
			Choke Size
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
AND COMPANY OF COMPANY	NGE	OU CONSER	VATION COMMISSION
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.		APPROVED JUL 2 2 1965 19	
		BY With Bengick	
above is true and complete to t	min near or my min manage with parter	DETROI CLIM &	NGINEER DIST. NO. 3
γ	1.0P AR	This form is to be filed	in compliance with RULE 1104.
Renco, Inc.	sel Asynalas	well this form must be accor	llowable for a newly drilled or deepene npanied by a tabulation of the deviatio
(54)	ghature) Noel Reynolds	tests taken on the well in ac	ccordance with RULE 111. must be filled out completely for allow
(Title) President	All sections of this form able on new and recompleted	wells.
	. 	4.1	

7-15-65

(Date)

able 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