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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

5-EMOCC

1-File

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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.

Form C-104

Supersedes Old C-104 and C-110

Effective 1-1-65

I.

Operator Petroleum Consultants, Inc.		CLYDE C. LaMAR, PRESIDENT INLAND CORPORATION	
Address 2820 Central Ave., S.E., Albuquerque, New Mexico			
Reason(s) for filing (Check proper box)		Other (Please explain) Change of Corporation	
New Well <input type="checkbox"/>	Change in Transporter of:	name from Val R. Reese & Assoc.,	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Inc., to Petroleum Consultants,	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Inc.	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lybrook	Lease No. SF 078562	Well No. 1	Pool Name, including Formation Devils Fork	Kind of Lease State, Federal or Fee Federal
Location Unit Letter C ; 790 Feet From The North Line and 1720 Feet From The West Line of Section 19 Township 24N Range 6W , NMPM, Rio Arriba 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) Box 1528, Farmington, N.M.					
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) 208 E. Apache, Farmington, N.M.					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19	Twp. 24N	Rge. 6W	Is gas actually connected? yes	When 4-1-60

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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.

ORIGINAL SIGNED BY
LEWIS C. JAMESON

(Signature)

Vice President

(Title)

10-11-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 18 1965, 19
BY Original Signed Emery C. Arnold
TITLE Request for Allowable # 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 only Sections I, II, III, and VI 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.

