

NO. OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	1
OPERATOR		2
PRORATION OFFICE		

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

Supersedes Old C-104 and C-110  
Effective 1-1-65REQUEST 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 M. M. S. C.  
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO  
INLAND CORPORATION.

Operator		CLYDE C. LAMAR, PRESIDENT INLAND CORPORATION	
Tenneco Oil Company			
Address P. O. Box 1714, Durango, Colorado 81301			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	Well SI. Request authority to transport effective 1st delivery.
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		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 Omler "A"	Lease No.	Well No. 6	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter _____; 1850 Feet From The N Line and 2310 Feet From The East Line of Section 35 Township 28N 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"/>	Address (Give address to which approved copy of this form is to be sent)				
Lamar, Inc.	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)				
Southern Union Gas	208 E. Apache, Farmington, New Mexico				
If well produces oil or liquids, give location of tanks.	Unit 35	Sec. 28	Twp. 10	Is gas actually connected? No	When On Approval

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 8/27/65	Date Compl. Ready to Prod. 10/1/65	Total Depth 6670		P.B.T.D. 6633					
Elevations (DF, RKB, RT, GR, etc.) 5957 GR	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6328		Tubing Depth 6495					
Perforations 6328-6551				Depth Casing Shoe 6670					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT					
12-1/4	8-5/8	268		125 sx					
7-7/8	4-1/2	6670		300 sx 1st stage					
	2-3/8	6496		200 sx 2nd stage					

## 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

Test Date 10/10/65

Actual Prod. Test - MCF/D 1592	Length of Test 3 Hours	Bbls. Condensate/MMCF ---	Gravity of Condensate ---
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure 662	Casing Pressure 1378	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.

Harold C. Nichols  
Harold C. Nichols  
Senior Production Clerk

1 /27/65

(Title)

(Date)

OIL CONSERVATION COMMISSION	
APPROVED	JAN 26 1966
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 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.