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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 N. M. S. C. C.  
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO  
INLAND CORPORATION.

CLYDE C. LaMAR, PRESIDENT  
INLAND CORPORATION

Operator Tenneco Oil Company	
Address P. O. Box 1714, Durango, Colorado	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Well prev. S.I. Request auth. to
Recompletion <input type="checkbox"/>	transport. Eff. 1st delivery.
Change In Ownership <input checked="" type="checkbox"/>	
Change In Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Delhi Taylor, Box 1198, Farmington, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name Moore	Well No. 6	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit: Letter <u>NE/4</u> ; <u>1135</u> Feet From The <u>North</u> Line and <u>1090</u> Feet From The <u>East</u>			
Line of Section <u>5</u> , Township <u>30N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> 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)
<u>Lamar Trucking</u>	<u>Box 1528, Farmington, New Mexico</u>
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)
<u>El Paso Natural Gas</u>	<u>Box 990, Farmington, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>NE/4</u> <u>5</u> <u>30</u> <u>8</u> <u>Yes</u> <u>August 11, 1965</u>

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 2-26-63	Date Compl. Ready to Prod. 6-7-63	Total Depth 7750	P.B.T.D. ----					
Pool Basin Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 7480	Tubing Depth 2-3/8 EUE 7459					
Perforations 7488-7700			Depth Casing Shoe 7750					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
15	10-3/4	320	250					
9-7/8	7-5/8	3370	240					
6-3/4	5-1/2	6938	150					
6-3/4	4-1/2 liner	6648 to 7741	300					

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
4312	24 hours	0	--
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
AOF	F10 CKP 316 SITP 2310	Flow 864 SICP 2312	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.

Original Signed By  
HAROLD C. NICHOLS

H. C. Nichols

(Signature)

Senior Production Clerk

(Title)

8-19-65

(Date)

OIL CONSERVATION COMMISSION

AUG 23 1965

APPROVED \_\_\_\_\_, 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.