NO. OF COPIES RECEIVED			
DISTRIBUTION		ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110
SANTA FE /	REQUEST	FOR ALLOWABLE	Effective 1-1-65
FILE /	•	AND	. A.C
U.S.G.S.	AUTHORIZATION TO TRA	INSPORT QUILANT DOWN TERATIO	
LAND OFFICE			KING, INC. AND INLAND CRUDE,
TRANSPORTER OIL			NCLUDED N. M. S. C.
GAS /		INLAND CORPORATION	HAS DEEN TRANSFERRED TO
OPERATOR /		MAND CORPORATION	CLYDE C: Lamar, President
1. PRORATION OFFICE Operator			INLAND CORPORATION
Tenneco Oil C	empany		
Address			
1	4; Durange, Celerade	Other (Please explain Per	Record Purposes Only
Reason(s) for filing (Check proper box)		Other (Fieuse explain)	Record Pulpases VILY
Hew Well	Change in Transporter of: Oil Dry G	Designation of transporter of	
[{e-completion	Casinghead Gas Conde	andensate enly.	
Change in Ownership	Casingheda Gas Condo		
13501 - 9 5 8 9 5 1 9 1 6 9 - 1 5 6 5 9 3	Southern Inten Setherts	g owns tank battery and	handles sale of liquids.
100 100 100 100 100 100 100 100 100 100	Southern Online George		
II. DESCRIPTION OF WELL AND	LEASE	ame, Including Formation	Kind of Lease
Lease Name	Well 140. 1 001 14		State, Federal or Fee
Florance		ance Kesaverde	Jetter al
Location		ine and 1650 Feet From	The T
Unit Letter B ; 99	Feet From The Li	ine andFeet From	
	wnshin a Range	, NMPM,	Juan
Line of Section 35 , To	wnship 30 Hange		
II. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS	takin form is to be sent)
Name of Authorized Transporter of Oi	or Condensate	112417-	oved copy of this form is to be sent)
Towar Trucking Inc.		P. O. Bex 1526; Farmington, New Mexico Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas	1	
Southern Union Ga	thering	Is gas actually connected?	/hen
If well produces oil or liquids,	Unit Sec. Twp. Rge.		
give location of tanks.	В 35 30 8	Yes	
If this production is commingled w	ith that from any other lease or poo	l, give commingling order number:	
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover Deeper.	Plug Back Same Res'v. Diff. Res'v
Designate Type of Completi	on - (X)		1 1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date spanning			Tubing Depth
Fool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			
		NO SEMENTING BECORD	
		ND CEMENTING RECORD DEPTH SET	SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEI III GET	
	EOD ALLOWARIE (Test must h	e after recovery of total volume of load	oil and must be equal to or exceed top allo
V. TEST DATA AND REQUEST	able for this	depth or be for full 24 nours)	
OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga.	COLINE -
		Control Property	Choke Sze
Length of Test	Tubing Pressure	Casing Pressure	/ 1/2021 / 2
		Water-Bbls.	Gas-NCF MAY 11 1955
Actual Prod. During Test	Oil-Bbls.		Interior -
			OIL CON. CCM
			0151.3
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test-MCF/D			
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
resund Method (prot, back pre)			
VI. CERTIFICATE OF COMPLIA	NCE	OIL CONSER	RVATION COMMISSION
VI. CERTIFICATE OF COMPLIA	1102	1 1 10	965
I homely contifu that the rules at	nd regulations of the Oil Conservat	ion APPROVED MAY 1 1 1	1 E C A
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.		By_ Original Signed Emery C. Arnold	
		0 . 0 . 42	
		TITLE Supervisor Dist. # 3	

Original Signed By: J. H. WATKINS

(Signature)

(Date)

District Office Supervisor

May 4, 1965

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.