A	البت			
NO. OF COPIES RECEIVED	} 			
SANTA FE	1 1	CO:ISERVATION COMMISSION	Form C-104	
FILE /		FOR ALLOWABLE	Supersedes Old C-104 and C-1. Effective 1-1-65	
U.S.G.S.	4	AND		
LAND OFFICE	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS	
OIL /	 	OF BOTH L-MAD	RATION PURCHASED ALL THE ASSET	
TRANSPORTER	 	INC. TUE SE COL	TRUCKING, INC. AND INLANS	
GAS /		INC. IMIS FULLE	SASE INCLUDED N. M. S. C.	
OPERATOR DESIGN			HICH HAS BEEN TRANSFERM	
1. PRORATION OFFICE Operator	<u> </u>	INLAND CORPOR		
<u> </u>	TT COMMAND		CLYDE C. Lamar, PRESIDE	
Address TENNECO (DIL COMPANY		INLAND CORPORATION	
	r 3773). WEDANGO GOTODADO			
Reason(s) for filing (Check proper	1714, DURANGO, COLORADO	Other (Please explain)		
New Well	Change in Transporter of:	Children (Children)		
Recompletion	Oil Dry G	as T		
Change in Ownership		 		
		Name Change	Only	
If change of ownership give nam	ne			
and address of previous owner	Previously named Basse	tt Gas Unit #1		
II DESCRIPTION OF WELL A	ND LEAGE			
II. DESCRIPTION OF WELL A	Well No. Pool N	ame, Including Formation	Kind of Lease	
			State, Federal or Fee	
Bassett Com	I Bas	sin Dakota		
Unit Letter D ;	Feet From TheLi	ine and Feet From	The	
22	COM	100	Turan	
Line of Section 33	, Township 30N Range	10W , NMPM, San	Juan County	
		• •		
Name of Authorized Transporter o	ORTER OF OIL AND NATURAL G	Address (Give address to which appr	oved conv of this form is to be sent)	
_	of Condensate	,	,	
- Lamar Inc.	f Casinghead Gas or Dry Gas 🗶	Box 1528, Farmingto	on. New Mexico	
i				
El Paso Natural		Box 1565, Farmingto	hen New Mexico	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	nen	
give location of tanks.		<u></u>		
	i with that from any other lease or pool	, give commingling order number:		
IV. COMPLETION DATA		T		
Designate Type of Compl	etion — (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUBING, CASING, AN	ID CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load oi	l and must be equal to or exceed top allow-	
OIL WELL		lepth or be for full 24 hours)		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas I	ift, etc.)	
			COLIN	
Length of Test	Tubing Pressure	Casing Pressure	Choke S/2	
		·	/ MEDELLED /	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
			OCT 28 1965	
	·		OIL CON. COM.	
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	
1		1		
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION COMMISSION		
		APPROVED 607 2 8 1965 , 19, 19		
Commission have been compli-	ed with and that the information given	O isi al Signad	Emery C Arnold	
above is true and complete to	the best of my knowledge and belief.	BY Uriginal Signed	Emery C. Arnold	
- · · - -		TITLE Supervisor Dist. # \$		
7/ 1000011		This form is to be filed in compliance with RULE 1104.		
Harold	Starall (V) what		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	
Harold C	infeliols	well, this form must be accompated tests taken on the well in acco	anied by a tabulation of the deviation or dance with RULE 111.	
Sr. Prod	uction Clerk		ust be filled out completely for allow-	
	(Title)	able on new and recompleted w	rells.	

October 27, 1965 (Date) 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.