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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. "A".
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 type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Dakota has been S.I. Request authority to transport on 1st delivery.
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>		

If change of ownership give name
and address of previous owner **Southern Union owns tank Battery**
Well deepened from MV to Dakota 8-3-62 (dual)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Well No. 19	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter H ; 1650 Feet From The North Line and 790 Feet From The East Line of Section 3 , Township 30N Range 9W , 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) 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) Box 990, Farmington, New Mexico	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 3
	Twp. 30N	Rge. 9W
	Is gas actually connected? No When Approximately Aug. 25, 1965	

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			X
Date Spud led 8-3-62	Date Compl. Ready to Prod. 1-11-63		Total Depth 7615		P.B.T.D. --			
Pool Dakota	Name of Producing Formation		Top Oil/Gas Pay 7338		Tubing Depth 7320			
Perforations 7338-7605					Depth Casing Shoe 7600			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10-3/4		232		200			
9-7/8	7		4604		400			
6-1/4	4-1/2		7600		290			
	2-3/8		7329					

V. TEST DATA AND REQUEST FOR ALLOWABLE (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

DAKOTA ONLY

Actual Prod. Test-MCF/D 2739	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate ----
Testing Method (pitot, back pr.) AOF	Tubing Pressure PT 2091	Casing Pressure PC 2091	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.

Original Signed By
HAROLD C. NICHOLS

H. C. Nichols (Signature)
Senior Production Clerk (Title)

8-24-65 (Date)

OIL CONSERVATION COMMISSION
9-28-65

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.