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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/>
	GAS <input checked="" type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

## NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE  
ANDForm C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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

Operator <b>R. W. WARNER, etal</b>		CLYDE C. LaMAR, PRESIDENT INLAND CORPORATION	
Address <b>414 BRADY STREET, DAVENPORT, IOWA</b>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner**THIS IS A REWORK OF THE OLD HUMBLE OIL & REFINING CO. NO. 4 SOUTH CHAGO WHICH WAS P.A.A. IN 1957.**

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>WARNER FEDERAL</b>	Well No. <b>1</b>	Pool Name, including Formation <b>WILDCAT -- DAKOTA S.S.</b>	Kind of Lease State, Federal or Fee <b>FEDERAL</b>
Location			
Unit Letter <b>A</b> ; <b>1130'</b> Feet From The <b>NORTH</b> Line and <b>1130'</b> Feet From The <b>EAST</b>			
Line of Section <b>10</b> , Township <b>22N</b> Range <b>8W</b> , NMPM, <b>SAN JUAN</b> County			

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>La Mar Trucking Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>2802 East 20th, Farmington, N. M.</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>---</b>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit <b>A</b>	Sec. <b>10</b>	Twp. <b>22N</b>	Rge. <b>8W</b>	Is gas actually connected? <b>No</b>	When <b>---</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

**Not commingled.**

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	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.					
<b>Re-work started 4/17/65</b>	<b>6/9/65</b>	<b>5635</b>	<b>5668</b>					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<b>WILD CAT -- DAKOTA</b>	<b>DAKOTA S.S.</b>	<b>5628</b>	<b>5628</b>					
Perforations	Depth Casing Shoe							
<b>8 jet shots per foot from 5628 to 5635</b>	<b>5635</b>							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SAFETY CEMENT		
<b>SEE COMPLETION REPORT OF HUMBLE OIL &amp; REFINING CO. NO. 4 SOUTH CHAGO.</b>								

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 <b>6/9/65</b>	Date of Test <b>6/9/65</b>	Producing Method (Flow, pump, gas lift, etc.) <b>PUMPING</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>---</b>	Casing Pressure <b>---</b>	Choke Size <b>PUMPING</b>
Actual Prod. During Test	Oil-Bbls. <b>17</b>	Water-Bbls. <b>3</b>	Gas-MCF <b>TSTM</b>

## 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

## 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.

*E. W. Clement*  
(Signature)  
Agent for R. W. Warner  
(Title)  
6-18-65  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED JUL 28 1965

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 allow-  
able 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.