•	NO. OF COPIES RECLIVED			/	
	DISTRIBUTION	NEW MEXICO OIL CO	DNSERVATION COMMISSION	Form C- 109	
	SANTA FE	REQUEST FOR ALLOWABLE AND		Superseder Ad C-16 and C-16	
ľ	FILE			Effective (-,-0)	
r	J.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS INLAND CORPORATION PURCHASED ALL THE ASSETS - NMCCO OF BOTH LUMBER TRUCKING, INC. AND INLAND COURSE.			
,	LAND OFFICE	AND OFFICE INLAND CORPORATION PURCHASED ALL THE ASSET		ASSETS 5 _ NMCCO	
Ì					
	GAS PERMIT # 670 WHICH HAS FEST TRANSPORTED 1 - Continent				
	OPERATOR /	PERMIT # C	DRPORATION.	ED TO 1 - File	
1.	PRORATION OFFICE	THEATU CO			
,	CLYDE C. Lamar, PRESIDENT				
	Tenneco Oil Company INLAND CORPORATION				
;	P. O. Box 1714 - Durango, Colorado ecson(s) for filing (Check proper box) Other (Please explain)				
	:ew Web. X Change in Transporter of:				
	frecompletion Oil Dry Gas		Effective First	Delivery	
;	Thange in Ownership	Casinghead Gas Condens	==		
i	de II. Ownerstp				
	If change of ownership give name and address of previous owner				
11	DESCRIPTION OF WELL AND I	EASE			
Lease Name Lease No. Well No. Pool Name, Including Formation				Kind of Lease	
	Jicarilla "B"	3 Ba	asin Dakota	State, Federal or Fee	
	Location	ation			
	Unit Letter & M ; 990	Feet From The South Line	and <u>860</u> Feet From T	he West	
	Line of Section 15 Tow	nship 26-N Range	5-W , NMPM, Rio	Arriba Tasty	
I.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which approv	ed copy of this form is to be sen	
	Maine or Authorized Transporter of Oil				
	Lamar Trucking, Inc	inghead Gas or Dry Gas X	Box 1528 - Farmington Address (Give address to which approv	New Mexico	
	Same of Asthorized Transporter of Cas		,	•	
	Il Jac Jural Gas		Box 990 - Farmington, Is gas actually connected? Whe	New Mexico	
	If we have a second aguids,	, 9			
	i give location of tanks.	G 15 26 5	No	On Approval	
	if this production is commingled with that from any other lease or pool, give commingling order number:				
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Ret				
	Designate Type of Completio	n - (X)	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	8-2-65	9-17-65	7635	7550	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top OH/Gas Pay	Tubing Depth	
	6594' GR	Basin Dakota	7319	7541	
	: Perforations	Date to		Depth Casing Shoe	
	7319 - 7542 Dakota				
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEME	
,	12-1/4"	8-5/8"	462	250 Sacks	
	7-7/8"	5-1/2"	7621	lst Stage - 350 f c.s.	
				2nd Stage - 1050 Secks	
		2-3/8" Tubing set at 7	541'	<u> </u>	
v.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil i	and must be equal to or exceed top llow-	
• .	OIL WELL	able for title de	put of de joi just at mound,		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	arn a	
			G-t- Breeze	Choke Sign	
	Length of Test	Tubing Pressure	Casing Pressure	STORY LE	
	: !		Water - Bbls.	Gas MCF	
	Actual Prod. During Test	Oil-Bbls.	Haler - Date.	MAND 2.3 1968	
	<u> </u>			COM.	
				OIL COM. COM	
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity & Concession	
	Actual Prod. Test-MCF/D		Bare. Condensate, Mino.		
	7488	7 hours	Casing Pressure	Choke Size	
	Testing Method (pitot, back pr.)	ļ · · · ·	1107	3/4	
	Back Pressure	501		TION COMMISSION	
VI	. CERTIFICATE OF COMPLIANCE			CETOTA COMMISSION	
			APPROVED MAR 2 3 1966		
	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 TITLE Supervisor Dist. # 3		
	-/ 100\n'\!		This form is to be filed in compliance with RUL 1104. If this is a request for allowable for a newly iril d or deepens.		
	Frankl C Sichola				
	Harold C. Menols (Sign		tests taken on the well in accordance with NULE 111.		
	Se. Production Clerk		All sections of this form must be filled out completely for allow-		
	· ·	itle)	able on new and recompleted wells. Fill one only Sections I, II, III, and VI for changes of ow, well name or camber, or transporter, or other such company of the suc		
	March 22, 1				
	(Date)		Separate Forms C-104 mus	t be filed for each pour	
			completed wells.		