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10-19-65 (Date)

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS INLAND CORPORATION PURCHASED ALL THE ASSETS OF BOTH LafAAR TRUCKING, INC. AND INLAND CRUDE, INC. THIS PURCHASE INCLUDED N. M. S. C. C. PERMIT # 670 WHICH HAS EEEN TRANSFERRED TO INLAND CORPORATION. CLYDE C. LaMAR, PRESIDENT & Gas Inc. INLAND CORPORATION Farmington, Mew Mexico Other (Please explain) Change in Transporter of: Dry Gas Oil Recompletion Condensate Y Casinghead Gas Change in Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Federal Blanco Mesaverde Jicarilla "C" East 890 Feet From The South Line and 990 Feet From The , NMPM, County Rio Arriba Township 26 North Range 4 West Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate Authorized Transporter of Casinghead Gas P.O. Boy 1528 Farmington New Mexico Address (Give address to which approved copy of this form is to be sent) or Dry Gas folli lun les When is gas actually connected? If well produces oil or liquids, give location of tanks. 26 Tes P 11 h If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. New Well Plug Back Gas Well Workover Deepen Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water - Bbls. Oil-Bhis. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure Testing Method (pitot, back pr.) Tubing Pressure OIL CONSERVATION COMMISSION 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 Emery C. Arnold BY___ Supervisor Dist. # 3 TITLE _ This form is to be filed in compliance with RULE 1104. Clyde 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 only Sections I, II, III, and VI 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.

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ļ	DISTRIBUTION SANTA FE / FILE /	NEW MEXICO OIL CO REQUEST F	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
	U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS / OPERATOR PRORATION OFFICE	AUTHORIZATION TO TRAP	NSPORT OIL AND NATURAL (GAS		
1.	Operator Operator		INITAND CORPORATIO	ON PURCHASED ALL THE ASSETS		
	Address Consolitated Oil		OF BOTH LaMAR TRU	CKING, INC. AND INLAND CRUDE,		
	P.O. Box 2038. Reason(s) for filing (Check proper box)	Familiation, New Mexico	ORERMIT 670 WHICH	HAS SEEN TRANSFERRED TO		
	New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casinghead Gas Condens		CLYDE C. LaMAR, PRESIDENT INLAND CORPORATION		
	If change of ownership give name and address of previous owner					
TT	DESCRIPTION OF WELL AND I	LEASE				
	Lease Name	Lease No. Well No. Pool Nam	e, Including Formation	Kind of Lease State, Federal or Fee		
	Location Figuralla "C"	Bas Bas	sic Daketa			
	Unit Letter P;	Feet From The South Line	and OCO Feet From	The East		
			Wort NMPM,	245 Arriba County		
	Line of Section Tow	mship 26 Month Range 4	Meet , MMPM,	tions 2 - 4 ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±		
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S Address (Give address to which appro	oved copy of this form is to be sent!		
	Name of Authorized Transporter of Cil			1		
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	P.O. Box 1528 Farman Address (Give address to which appro	oved copy of this form is to be sent)		
	Jan Chem Um	ion Tas	140	nen		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Zes .	en .		
		th 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 Res'v. Diff. Res'v.		
	Designate Type of Completion			P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.11.D.		
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
	Perforations		<u> </u>	Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		1		land and to another or around ton allow		
V.	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 to able for this depth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	Lubing : 1000 at				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Actual Prod. 1881-MCF/D	Edily in or 1001				
	Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size		
VI	. CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION COMMISSION			
	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.		APPROVED 0CT 2 1 1965 , 19			
			TITLE Supervisor Dist. #			
	·		TITLE			
	16 12 01	. C C 1 .				
	Clycle) Sign	nature)				
	Production Forensen		All sections of this form must be filled out completely for allow-			
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able on new and recompleted wells.

Fill out only Sections I, II, III, and VI 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.