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	GAS	1
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 OIL CO.,
INC. THIS PURCHASE INCLUDED N. M. S. C. C.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
INLAND CORPORATION.

CLYDE C. LAMAR, PRESIDENT
INLAND CORPORATION

Operator TENNECO OIL COMPANY	
Address Box 1714 Durango, Colorado	
Reason(s) for filing (Check proper box) New Well <input checked="" type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Other (Please explain)	

If change of ownership give name
of new owner: **Effective on first delivery**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla A	Well No. 2	Pool Name, Including Formation South Blanco Tecito	Kind of Lease State, Federal or Fee Federal
Location Unit Letter B ; 1850 Feet From The East Line and 790 Feet From The North Line of Section 18 , Township 26N Range 5W , NMPM, Rio Arriba 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"/> Caribou 4 Corners Oil Incorporated	Address (Give address to which approved copy of this form is to be sent) Box 1528 Farmington, Ariz.		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Southern Union Gas Company	Address (Give address to which approved copy of this form is to be sent) Fidelity Union Tower, Dallas, Texas		
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 18	Twp. 26
	Rge. 5	Is gas actually connected? yes When Approximately 5-25-65	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
Date Spud led 11-4-64	Date Compl. Ready to Prod. 5-24-65		Total Depth 7750		P.B.T.D. 7670			
Pool South Blanco Tecito	Name of Producing Formation Gallup		Top Oil/Gas Pay 6917		Tubing Depth 6906			
Perforations 6917 - 6919 8 holes/ft.					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		444		225 sx			
7 7/8	5 1/2		7749		635 sx			
	2 1/16		6900					

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 February 1965	Date of Test 3-14-65	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 200	Casing Pressure 500	Choke Size 14/64
Actual Prod. During Test 47 BBL	Oil - Bbls. 47 BBL	Water - Bbls.	Gas - MCF 183 MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate	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.

Original Signed By:
J. H. WATKINS

(Signature)

District Office Supervisor

(Title)

5-24-65

(Date)

*Farmington phone: 325-4086 Mr. Vinegar
Caribou 4 Corners Oil Inc.

OIL CONSERVATION COMMISSION

APPROVED **MAY 26 1965**, 19

BY **Original Signed Emory 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.

1890. 1891. 1892.

1893. 1894. 1895. 1896. 1897. 1898. 1899. 1900.

1901. 1902. 1903. 1904. 1905. 1906. 1907. 1908.

1909. 1910. 1911. 1912. 1913. 1914. 1915. 1916. 1917. 1918. 1919. 1920.

1921. 1922. 1923. 1924. 1925. 1926. 1927. 1928. 1929. 1930.

1931. 1932. 1933. 1934. 1935. 1936. 1937. 1938. 1939. 1940.

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2011. 2012. 2013. 2014. 2015. 2016. 2017. 2018. 2019. 2020.

2021. 2022. 2023. 2024. 2025. 2026. 2027. 2028. 2029. 2030.

2031. 2032. 2033. 2034. 2035. 2036. 2037. 2038. 2039. 2040.

2041. 2042. 2043. 2044. 2045. 2046. 2047. 2048. 2049. 2050.

2051. 2052. 2053. 2054. 2055. 2056. 2057. 2058. 2059. 2060.

2061. 2062. 2063. 2064. 2065. 2066. 2067. 2068. 2069. 2070.

2071. 2072. 2073. 2074. 2075. 2076. 2077. 2078. 2079. 2080.