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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT ~~INLAND CORPORATION~~ PURCHASED ALL THE ASSETS OF BOTH LoMAR TRUCKING, INC. AND INLAND CRUDE, INC. THIS PURCHASE INCLUDED N. M. S. C. C. PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO INLAND CORPORATION.

CLYDE C. LoMAR, PRESIDENT
INLAND CORPORATION

I. Operator Consolidated Oil & Gas Inc.
Address P.O. Box 2038, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☒
Change in Ownership ☐

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Champlin	Lease No. 1	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal
Location Unit Letter M ; 990 Feet From The South Line and 990 Feet From The West Line of Section 35 Township 27 North Range 4 West , NMPM, Rio Arriba 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"/> Lo Mar Trucking Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1528, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> EO Perm Mt. Gas Co	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 M	Sec. 35	Twp. 27	Rge. 4	Is gas actually connected? Yes	When _____

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.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations			Depth Casing Shoe						
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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	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

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.

Clyde Phillips
(Signature)

Production Foreman
(Title)

10-19-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 21 1965, 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 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.