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LAND OFFICE	
TRANSPORTER	OIL
	GAS
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 CORPORATION. THIS PURCHASE INCLUDES PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO INLAND CORPORATION.

Operator R & G DRILLING COMPANY, INC.		Clyde C. Lamar, President INLAND CORPORATION
Address 12 WEST 72nd STREET, NEW YORK, N.Y. 10023		
Reason(s) for filing (Check proper box): New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>		Other (Please explain) Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name MARRON	Well No. 42	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FED.
Location Unit Letter M 990 Feet From The S Line and 990 Feet From The W			
Line of Section 22 , Township 27N Range 8 W , NMPM, SAN JUAN 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"/> LAMAR 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 checked="" type="checkbox"/> EL PASO NATURAL GAS COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 997, FARMINGTON, NEW MEXICO	
If well produces oil or liquids, give location of tanks.	Unit M Sec. 22 Twp. 27N Rge. 8W	Is gas actually connected? YES When 3-9-59

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.		
Pool	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.

(Signature) **WILLIAM C. RUSSELL**

(Title) **PRESIDENT**

MARCH 23, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED **APR 2 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 or 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.