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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	
PRODUCTION 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 CRUDE,  
INC. THIS PURCHASE WAS MADE BY S. C. L.  
PERMIT # 670 WHICH WAS TRANSFERRED TO  
INLAND CORPORATION.

CLYDE C. LAMAR, PRESIDENT  
INLAND CORPORATION

TENNECO OIL COMPANY

Address

P. O. 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 type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

Effective first delivery-  
well has been shut-in waiting  
on Pipe Line.If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Omler "A"	1	Basin Dakota	State, Federal or Fee Federal
Location			
Unit Letter	NE/4	1650 Feet From The E Line and 1650 Feet From The N	
Line or Section	26	Township 28N Range 10W, 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"/>	Address (Give address to which approved copy of this form is to be sent)
Lamar Trucking, Inc.	Box 1528, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Southern Union Gas Company	208 S. Apache, Farmington, New Mexico
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	26 28N 10W No Approximately Nov. 1, 1965

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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
5/1/3/65	7/6/65	6520	6480					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Dakota	Dakota	6214	6380					
Perforations			Depth Casing Shoe					
6214-6396			6517					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8	265	125 SX					
6 3/4	4 1/2	6520	1050 SX					
	2 3/8	6380	-----					

## 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
8342	3 Hours	10 Bbls	55
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
AOF	487	1032	3/4"

## 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.

Harold C. Nichols  
Sr. Production Clerk  
(Title)October 29, 1965  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED NOV 12 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.