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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 LAMAR TRUCKING, INC. PERMIT # 670 WHICH WAS TRANSFERRED TO INLAND CORPORATION.**

I. **Operator** Clyde C. Lamar, President  
**Company** TENNECO OIL COMPANY  
**Address** P. O. BOX 1714, DURANGO, COLORADO

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Reccomplection  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

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 <u>Omler "A"</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>
Location Unit Letter <u>NE/4</u> ; <u>1650</u> Feet From The <u>E</u> Line and <u>1650</u> Feet From The <u>N</u>			
Line or Section <u>26</u> , Township <u>28N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> 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)
<u>Lamar Trucking, Inc.</u>	<u>Box 1528, Farmington, New Mexico</u>
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)
<u>Southern Union Gas Company</u>	<u>208 S. Apache, Farmington, New Mexico</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>26</u> Sec. <u>28N</u> Twp. <u>10W</u>	<u>No</u> <u>Approximately Nov. 1, 1965</u>

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.
		<u>X</u>	<u>X</u>					
Date Spudded <u>5/13/65</u>	Date Compl. Ready to Prod. <u>7/6/65</u>	Total Depth <u>6520</u>	P.B.T.D. <u>6480</u>					
Pool <u>Dakota</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>6214</u>	Tubing Depth <u>6380</u>					
Perforations <u>6214-6396</u>	Depth Casing Shoe <u>6517</u>							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>265</u>	<u>125 sx</u>
<u>6 3/4</u>	<u>4 1/2</u>	<u>6520</u>	<u>1050 sx</u>
	<u>2 3/8</u>	<u>6380</u>	<u>-----</u>

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 <u>8342</u>	Length of Test <u>3 Hours</u>	Bbls. Condensate/MMCF <u>10 Bbls</u>	Gravity of Condensate <u>55</u>
Testing Method (pitot, back pr.) <u>AOF</u>	Tubing Pressure <u>487</u>	Casing Pressure <u>1032</u>	Choke Size <u>3/4"</u>

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  
 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.