	NO. OF COPIES RECEIVED			1/				
İ	DISTRIBUTION							
Ì	SANTA FE							
Ì	FILE				L-			
	U.S.G.S,							
	LAND OFFICE							
	TRANSPORTER	_	OIL	1				
		`	GAS	1				
	OPERATOR							
	PRORATION OFFICE							
	Operator							
	TENNEC	0	OIL	CO	PAN			
1	Address							
	Box 1714							
	Reason(s) for filing (Check)				er box)			
	New Well							
	Recompletion							
	Change in Owners							

5-25-65

(Date)

III.

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

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

	U.S.G.S. LAND OFFICE IRANSPORTER OIL / GAS / OPERATOR	INSPORT OIL AND NATURAL GAS INLAND CORPORATION PURCHASED ALL THE ASSETS OF BOTH LIMAR TRUCKING, INC. AND INLAND CRUDE, INC. THIS PURCHASE INCLUDED N. M. S. C. T. PERMIT # 670 WHICH HAS LEEN TRANSFELLED TO INLAND CORPORATION.									
I.	PRORATION OFFICE Operator		-		INLAND CC	AL OKATIO	CLYDE C.	Lamar, PRESI			
	TENNECO OIL COMPANY INLAND CORPORATION Address										
	Box 1714	Durango, Colo	redo	·····	Other (Places	walaia)					
	Reason(s) for filing (Check proper box) New Well Change in Transporter of:				Other (Please explain)						
	Recompletion	Oil	Dry Ga	\equiv	Effectiv	e June l	L, 1965				
	Change in Ownership	Casinghead Gas	Conden	sate 🚆							
	If change of ownership give name and address of previous owner										
II.	DESCRIPTION OF WELL AND	LEASE	No. Pool Nar	7			Kind of Lea				
	Cornell Pekota G. U. I	W	No. Pool Nur		ng Formution		State, Feder				
	Location	Feet From The	Lin	e and		Feet From	The				
		ownship 2011		1.2V	, NMPM,		Juan		County		
	Line di Section	whemp	Tunge		7 2 11012 1137	2001	3 UMA		2.5/		
III.	DESIGNATION OF TRANSPOR	TER OF OIL AND NAT	TURAL GA	S Address (Give address to	which appro	ved copy of the	is form is to be se	nt)		
	Carlon Comment	Came Tucking			Box 477 Aften, wording low						
	Name of Authorized Transporter of Casinghead Gas or Dry Gas							is form is to be se	nt)		
	Ri Paso Natural Cas Company Unit Sec. Twp. Rge.				Box 950 Farmington, New Mexico Is gas actually connected? When						
	give locat on of tanks.	D 14 29	13			l					
IV.	If this production is commingled w. COMPLETION DATA	ith that from any other lea	ase or pool,	give comm	ningling order	number:	 				
	Designate Type of Completi	on - (X)	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v. Di	ff. Res'v.		
	Date Spudded	Date Compl. Ready to Pro	d.	Total De	oth	<u>i</u>	P.B.T.D.	<u> </u>			
				Top Oil/Gas Pay			Tubing Depth				
	Pool Name of Producing Formation			Top Oil/Gus Puy		Tubing Depth					
	Perforations			•			Depth Casir	ıg Shoe			
		TUBING, C	ASING, AND	CEMEN	TING RECORD)					
	HOLE SIZE			DEPTH SET		SACKS CEMENT					
•	TOTAL AND DECLIFOR I	COD ALLOWADIE (T		<u> </u>		- of load oil	and must be a	qual to or exceed	top allow		
٧.	TEST DATA AND REQUEST FOR WELL	pth or be for	or full 24 hours)								
	Date First New Oil Run To Tanks	Date of Test		Producin	g Method <i>(Flow</i> ,	pump, gas t	iji, eic.)				
	Length of Test	Tubing Pressure		Casing P	ressure		Choke Size				
	Actual Prod. During Test	Oil-Bbls.		Water-Bl	ols.		Gas-Mas	MILINA.			
:							 /RL	PFIAED.	/		
	GAS WELL	.,		-,			1-1-10	Y. 2. 6. 1965			
	Actual Prod. Test-MCF/D Length of Test			Bbls. Condensate/MMCF			1	CON. COM.	1		
	Testing Method (pitot, back pr.)	Tubing Pressure		Casing P	ressure		Choke Size	DIST. 3	/		
VI.	CERTIFICATE OF COMPLIANCE				OIL C	ONSERV	ATION CON	MMISSION			
				APPROVED MAY 2 6 1965 19							
	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 Emery C. Arnold							
	above is true and complete to the best of my knowledge and belief.				TITLE Supervisor Dist. # 3						
							_				
	26/15-11.				This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened						
	Sig	Signature				well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
	District Off	ice Supervisor		A	II sections of	this form m	ust be filled	out completely f	or allow-		
	F05-6	able on new and recompleted wells.									

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.

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