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| 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 CRUD
 INC. THIS PURCHASE INCLUDED N. M. S. C. C.
 PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
 INLAND CORPORATION.**

I. Operator
Pioneer Production Corp. **Clyde C. LaMAR, PRESIDENT**
INLAND CORPORATION

Address
Box 234, Farmington, N. M.

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Effective ~~2/2/65~~ 3/10/65

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

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|--|----------------------|---|---|
| Lease Name Farmington Unit | Well No. 1 | Pool Name, including Formation Basin Dakota | Kind of Lease State, Federal or Fee Fee |
| Location Unit Letter P , 700 Feet From The South Line and 790 Feet From The East | | | |
| Line of Section 11 , Township 29N Range 13W , 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, Inc. | Address (Give address to which approved copy of this form is to be sent) Box 1528, Farmington, N. M. |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co. | Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, N. M. |
| If well produces oil or liquids, give location of tanks. Unit P Sec. 11 Twp. 29N Rge. 13W | Is gas actually connected? Yes When _____ |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

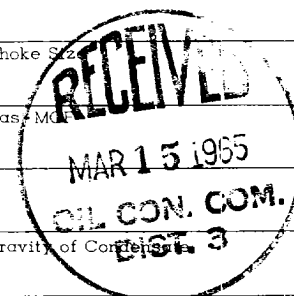
IV. COMPLETION DATA

| | | | | | | | | |
|---|-----------------------------|----------|-----------------|----------|--------|-------------------|-------------|--------------|
| 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. | | |
| 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.

Original signed by **T. A. Dugan**

(Signature)

Consulting Engineer

(Title)

3/3/65

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 15 1965**, 19____

Original Signed By
 BY **A. R. KENDRICK**

TITLE **PETROLEUM ENGINEER DIST. NO. 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.