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5-OCC, 1-HLKendrick,1-Rock Island
1-CRLambe, 1-F

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

INLAND CORPORATION PURCHASED ALL THE ASSETS
OF BOTH LaMAR TRUCKING, INC. AND INLAND CRUDE,
INC. THIS PURCHASE INCLUDED N. M. S. C. C.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
INLAND CORPORATION.

Operator Beta Development Co.		CLYDE C. LaMAR, PRESIDENT INLAND CORPORATION
Address 234 Petr.Club Plaza, Farmington, N. M.		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input 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 Rock Island Federal	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal State, Federal or Fee SF-078197
Location Unit Letter M ; 890 Feet From The West Line and 1090 Feet From The South Line of Section 9 , Township 29N 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"/> LaMar Trucking, Inc.	Address (Give address to which approved copy of this form is to be sent) PO 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) PO Box 990, Farmington, N. M.				
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 9	Twp. 29N	Rge. 10W	Is gas actually connected? No When Waiting on pipeline connect

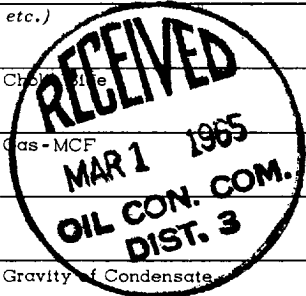
If this production is commingled with that from any other lease or pool, give commingling order number: **N.A.**

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 11-20-64	Date Compl. Ready to Prod. 2-14-65	Total Depth 6820'	XXXX. CO 6784'					
Pool Basin Dakota	Name of Producing Formation Dakota	Top Oil/Gas Pay 6626'	Tubing Depth					
Perforations 6682-88, 6699-6703 w/2 JPF 6626-46, 6651-55' w/2JPF			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8-5/8"		305'		175 sx			
7-7/8"	4-1/2"		6820'		1100 sx			
2" EUE @ 6681'								

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-Bbbls.	Water-Bbbls.	Gas-MCF



GAS WELL			
Actual Prod. Test-MCF/D 3,325	Length of Test 3 hr	Bbbls. Condensate/MMCF N.A.	Gravity of Condensate
Testing Method (pitot, back pr.) Choke	Tubing Pressure 270	Casing Pressure 887	Choke Size 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.

Original signed by:
JOHN T. HAMPTON
(Signature)

Manager
(Title)

February 25, 1965
(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 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 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.