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| LAND OFFICE | |
| 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 CRUDE,
INC. THIS PURCHASE INCLUDED N. M. S. C. C.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
INLAND CORPORATION.

I. Operator
Tenneco Oil Company
Address
Box 1714, Durango, Colorado
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Well was S.I.
Req. for transporter
Effective first delivery
If change of ownership give name and address of previous owner
Delhi Taylor, Box 1198, Farmington, New Mexico

II. DESCRIPTION OF WELL AND LEASE

| | | | |
|--|----------------|--|--|
| Lease Name Florance | Well No. 50 | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal |
| Location Unit Letter NW/4 F : 1667 Feet From The North Line and 1916 Feet From The W. st. Line of Section 14 , Township 30 N Range 8 W , 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 | Address (Give address to which approved copy of this form is to be sent) Box 1528, Farmington, New Mexico | |
| 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, New Mexico | |
| If well produces oil or liquids, give location of tanks. Unit NW/4 Sec. 14 Twp. 30N Rge. 8W | Is gas actually connected? No | When Approximately 8-1-65 |

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 3-4-63 | Date Compl. Ready to Prod. 6-6-63 | | Total Depth 8909 | | P.B.T.D. - | | | |
| Pool Basin Dakota | Name of Producing Formation Dakota | | Top Oil/Gas Pay 7717 | | Tubing Depth 7691 | | | |
| Perforations 7888-7714 | | | | | Depth Casing Shoe | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| 17-1/4 | 13-3/8 | | 300 | | 400 sacks | | | |
| 11 | 8-5/8 | | 5800 | | 360 sacks | | | |
| 7-7/8 | 7 | | 8035 | | 370 sacks | | | |
| | 2-7/8 | | 7691 | | | | | |

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 2878 | Length of Test 24 hours | Bbls. Condensate/MMCF 0 | Gravity of Condensate -- |
| Testing Method (pitot, back pr.) AOF | Tubing Pressure SITP 2339 Flow 230 | Casing Pressure SICP 2335 Flow 548 | 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
HAROLD C. NICHOLS
(Signature)
Sr. Production Clerk
(Title)
August 2, 1965
(Date)

OIL CONSERVATION COMMISSION
AUG 3 1965
APPROVED
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.