## 5 NMOCC 1 Pioneer 1 LaMar 1 File

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	DISTRIBUTION NEW MEXICO OIL CO SANTA FE REQUEST F						Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-68	
	u.s.g.s. AUTHORIZATION TO TRA				NSPORT OIL AND NATURAL GAS			
ſ.	LAND OFFICE  I RANSPORTER GAS  OPERATOR  PRORATION OFFICE  Operator				INLAND CORPORATION PURCHASED ALL THE ASSETS OF BOTH Lamar trucking, Inc. and inland crude, Inc. this purchase included N. M. S. C. T. PERMIT # 670 WHICH HAS LEEN TRANSFERRED TO INLAND CORPORATION.			
	Pioneer Production Corp.				INDIAN CORFOR	CLYDE C. LaMA	R, PRESIDENT	
	Box 234, Farmingt Reason(s) for filing (Check proper box, New Well: Indexengletish. Change in Ownership		Dry Ga	s [	Other (Please explain)  Effective 3		LATION	
	If change of ownership give name and address of previous owner	O.D.I.I.J.I.O.				<b>40) 44 5 5</b> //	<u></u>	
II.	DESCRIPTION OF WELL AND LEASE							
	Lease Name Well No. Pool Nam			ne, Includin <b>sin Dak</b>		Kind of Lease State, Federal or Fe	Kind of Lease State, Federal or Fee <b>Patented</b>	
	Location Unit Letter J 2410 Feet From The south Line			e and	and 1750 Feet From The east			
	22	wnship 30N	Range	12W	, NMPM,	San Juan	County	
111	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
111.	Name of Authorized Transporter of Cil or Condensate 📧				Address (Give address to which approved copy of this form is to be sent)			
	IaMar Trucking, Inc.  Name of Authorized Transporter of Casinghead Gas or Dry Gas X  El Paso Natural Gas Co.			Box 1528, Farmington, N. M.  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,	Unit Sec.	Twp. Rge.	Is gas act	ually connected?	When		
	give location of tanks.	J 33	30N 12W	1	Yes			
IV.	If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Reals. Diff. Resiz.							
	Designate Type of Completion - (X)			Total Dep	' ;	P.B.T.D.		
	Date Spudded Date Compl. Ready to Prod.							
	Pool Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth	Tubing Depth	
	Perforations			Depth Casing Shoe				
	TUBING, CASING, AND			D CEMENT	ING RECORD	SACKEC	SACKS CEMENT	
	HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEI III SEI		SACKS C		
	TO ALLOWARD FOR THE ANALYSIS OF THE ANALYSIS O					ad aid and must be sound to	ar argad top allow-	
V					ofter recovery of total volume of load oil and must be equal to or exceed top allowerth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure		Casing P	ressure	Choke Size		
	Actual Fred. During Test	Oil-Bhls.		Water - Bb	els.	Gas-MCF	ED/	
	l						- 19 <b>65</b>	
	GAS WELL Actual Frod. Test-MOF/D Length of Test			Bbls. Co	ndensate/MMCF	Gravity of Condens	are COM.	
	Testing Method (pitot, back pr.)	Tubing Pressure		Casing P	ressure	Choke Size	3	
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.			1	OIL CONSERVATION COMMISSION  APPROVED MAR 1 5 1965  Online Mand By			
				APPR				
				Original Digned By BY_A_R_ROUGHACK				
				TITLEPETROLEUM ENGINEER DIST. NO 3				
	Original signed by T. A. Dugan				This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepened			
	(Signature)				well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
	Consulting Engineer (Title)				All sections of this form must be filled out completely for allowable on new and recompleted wells.			
	3/8/65 (Date)			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.				