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TRANSPORTER	OIL / GAS
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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.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
INLAND CORPORATION.

CLYDE C. LAMAR, PRESIDENT
INLAND CORPORATION

Operator Beta Development Co.	
Address 234 Petr. Club Plaza, Farmington, N. M.	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input 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 checked="" type="checkbox"/>

If change of ownership give name
and address of previous owner



II. DESCRIPTION OF WELL AND LEASE	
Lease Name Bloomfield Canyon Federal	Well Name, Including Formation 1 Basin Dakota
Kind of Lease Federal State, Federal or Fee	
Location	
Unit Letter D	Feet From The North Line and 880 Feet From The West
Line of Section 35	Township 30N Range 11W , 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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
D 35 30N 11W	

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

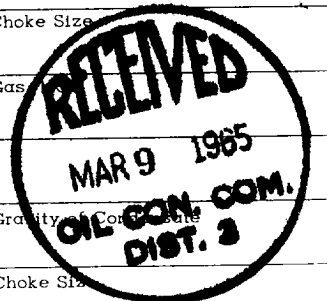
IV. COMPLETION DATA	
Designate Type of Completion - (X)	Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod. Total Depth P.B.T.D.
Pool	Name of Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations	Depth Casing Shoe
TUBING, CASING, 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

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
JOHN T. HAMPTON

Manager

March 8, 1965

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 9 1965**

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.

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