

3-CCC  
1-TCA  
1-F

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

AND

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.**

**Beta Development Co.** **CLYDE C. LaMAR, PRESIDENT**  
**INLAND CORPORATION**

**234 Petroleum Club Plaza, Farmington, New Mexico**

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

New Well       Change in Transporter of:
   
 Existing Well      Oil  Dry Gas 
  
 Change in ownership       Casinghead Gas  Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>James Scott</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee	Fee
Location				
Quit Deed	<b>A</b>	<b>1050</b> Feet From The	<b>North</b> Line and	<b>1190</b> Feet From The <b>East</b>
Line of Section	<b>18</b>	Township	<b>30 N</b>	Range <b>11 W</b> , NMPM, <b>San Juan</b> 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"/>	Address (Give address to which approved copy of this form is to be sent)			
<b>La Mar Trucking, Inc.</b>	<b>P.O. Box 1528, Farmington, New Mexico</b>			
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.
	<b>A</b>	<b>18</b>	<b>30N</b>	<b>11W</b>

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

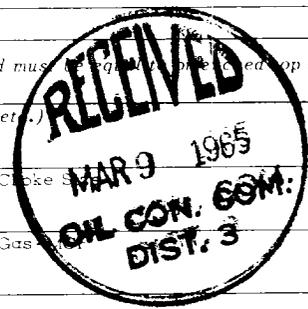
**IV. COMPLETION DATA**

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Pool	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
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 for this depth or be for full 24 hours)

Date First Flow to Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke
Actual Prod. During Test	W-Bbls.	Water-Bbls.	Gas



**GAS WELL**

Actual Prod. Test-MMCF/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**

(Signature)

**Manager**

**3-8-65**

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 9 1965**, 19

Original Signed **Emory C. Arnold**

BY \_\_\_\_\_  
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