-	NO. CF COPIES RECEIVED DISTRIBUTION SANTA FE FILE	1-TCA REQUEST FO	NSERVATION COMMISSION DR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
1.	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. PROBATION OFFICE Operator Operator Operator INLAND CORPORATION.			
	Address 234 Petr. Club Pla Reason(s) for filing (Check proper box) New Well Hercmpletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Oil Dry Gas Casinghead Gas Condense	Other (Please explain)	CLYDE C. Lamar, President INLAND CORPORATION
II.	DESCRIPTION OF WELL AND L	EASE Well No. Pool Name	e, Including Formation	Kind of Lease
	Pearl Wilkes	1	Basin Dakota	State, Federal or Fee
	Location Unit Letter A ; 790	Feet From The North Line	and 865 Feet Fro	m The East
	Line of Section 14 , Town	.ship 30N Range 12W	, NMPM,	San Juan County
		ED OF OUL AND NATURAL CAS		
H.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	o: Condensate	Address (Give daaress to which up)	proved copy of this form is to be sent)
	Name of Authorized Transporter of Casinghead Gas or Dry Gas		PO Box 1528, Fermington, N. M. 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. A 14 30N 12W	Is gas actually connected?	When
	If this production is commingled with		ive commingling order number:	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Date spudded			Tubing Depth
	Fool	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 (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)			
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc
	Length of Test	Tubing Pressure	Casing Pressure	all the off
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MAR 9 COM
				DIST. 3
	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
V	. CERTIFICATE OF COMPLIANCE	CE	OIL CONSER	RVATION COMMISSION
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED MAR 9 1965 , 19	
	Commission have been complied values is true and complete to the	with and that the information given	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	
	(Sien	Original signed by: JOHN T. HAMPTON		
	Manager		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-	
	March 8, 1965	tle)	able on new and recompleted wells. Fill out Sections I, II, III, and VI only for changes of owner,	
(Date)			well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply	

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