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LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
INLAND CORPORATION PURCHASED ALL THE ASSETS OF BOTH LeMARTUCKING, INC. AND INLAND CRUDE, INC. THIS PURCHASE INCLUDED N. M. S. C. PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO INLAND CORPORATION.

I. Operator **R & G BRILLING COMPANY, INC.** CLYDE C. LeMAR, PRESIDENT
INLAND CORPORATION

Address **12 WEST 72nd STREET, NEW YORK, N.Y. 10023**

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Incompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input checked="" type="checkbox"/>
		Condensate	<input checked="" type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name LWT	Well No. 61	Pool Name, Including Formation BASIN DAKOTA	Kind of Lease State, Federal or Fee FED.
Location: Unit Letter A ; 990 Feet From The N Line and 990 Feet From The E Line of Section 6 , Township 30N Range 13W , 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"/> LeMAR TRUCKING COMPANY	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1528 FARMINGTON, NEW MEXICO
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> SOUTHERN UNION GATHERING SYSTEM	Address (Give address to which approved copy of this form is to be sent) FIDELITY UNION TOWER BLDG., DALLAS, TEXAS
If well produces oil or liquids, give location of tanks.	Unit A Sec. 6 Twp. 30N Rge. 13W Is gas actually connected? YES When 10-1-61

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

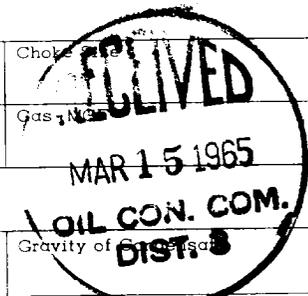
IV. COMPLETION DATA

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas, MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Gas
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.

(Signature) **WILLIAM C. RUSSELL**

(Title) **PRESIDENT**

3-12-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 15 1965**, 19

BY **A. R. KENDRICK**
TITLE **PETROLEUM ENGINEER DIST NO 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.