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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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. C.

PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
INLAND CORPORATION.

CLYDE C. LAMAR, PRESIDENT
INLAND CORPORATION

Operator
Tenneco Oil Company
Address
P. O. Box 1714, Durango, Colorado

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Well prev. S.I. Req. authority to
transport. Eff. 1st delivery.

If change of ownership give name
and address of previous owner Delhi-Taylor, Box 1198, Farmington, New Mexico

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barrett	Well No. 1	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed
Location Unit Letter SW/4 ; 1810 Feet From The South Line and 970 Feet From The West Line of Section 20 , Township 31 Range 9 , 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	Address (Give address to which approved copy of this form is to be sent) Box 1528, Farmington, New Mexico					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Box 990, Farmington, New Mexico					
If well produces oil or liquids, give location of tanks.	Unit SW/4	Sec. 20	Twp. 31	Rge. 9	Is gas actually connected? yes	When August 16, 1965

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.
		X	X					
Date Spudded 2-28-63	Date Compl. Ready to Prod. 5-17-63		Total Depth 8071		P.B.T.D. ----			
Pool Basin Dakota	Name of Producing Formation Dakota		Top Oil/Gas Pay 7774		Tubing Depth 2-3/8 EUE 7749			
Perforations 7774-8010					Depth Casing Shoe 8071			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
15"	10-3/4		324		300			
9-7/8	7-5/8		3617		185			
6-3/4	5-1/2		7478		100			
6-3/4	4		7238 to 8074		158			

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 - MCF

GAS WELL

Actual Prod. Test - MCF/D 2080	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (pitot, back pr.) AOF	Tubing Pressure FCRP 156 CITP 1702	Casing Pressure FCP 541 SICP 1697	Choke Size 3/4

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
HAROLD C. NICHOLS
(Signature)

H. C. Nichols

Senior Production Clerk
(Title)

8-19-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 23 1965, 19

BY [Signature]

TITLE

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 allow-
able 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.