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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

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 LAMAR TRUCKING, INC. AND INLAND CRUDE,
INC. THIS PURCHASE INCLUDED N. M. S. C. I.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
INLAND CORPORATION.

Operator TENNECO OIL COMPANY		CLYDE C. LAMAR, PRESIDENT INLAND CORPORATION	
Address P. O. BOX 1714, Durango, Colorado 81301			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Well Drilled near old Florance 47, which was P&A.	
Recompletion <input type="checkbox"/>			
Change in Ownership <input type="checkbox"/>			

If change of ownership give name
and address of previous owner SI - Effective 1st Delivery

II. DESCRIPTION OF WELL AND LEASE

Lease Name Florance	Lease No. 47X	Pool Name, Including Formation Blanco-Mesaverde	Kind of Lease State, Federal or Fee Federal
Location Unit Letter NE 1/4 G; 1565 Feet From The N Line and 1660 Feet From The E Line of Section 5 Township 30N Range 9W, 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 Inc.	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	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 NE/4	Sec. 5	Twp. 30	Rge. 9	Is gas actually connected? No	When Soon as approved

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 9/15/65	Date Compl. Ready to Prod. 9/30/65	Total Depth 5501	P.B.T.D. 5467					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation Mesaverde	Top Oil/Gas Pay 4648	Tubing Depth 4570					
Perforations 4648-4943, 5032-5365			Depth Casing Shoe 5467					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4	9-5/8	202	225 sx					
8-3/4	7"	3400	225 sx					
6-1/4	4-1/2 Liner	3292-5495	275 sx					
	2-3/8	4570						

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 20590 MCF/D	Length of Test 3 Hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) AOF (Bl pr)	Tubing Pressure SITP 885 - FTP 420	Casing Pressure Packer	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.

Harold C. Nichols
Harold C. Nichols (Signature)
Sr. Production Clerk
(Title)

December 14, 1965

(Date)

OIL CONSERVATION COMMISSION
APPROVED MAR 3 1966, 19
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 only Sections I, II, III, and VI 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.