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LAND OFFICE	
TRANSPORTER	OIL / GAS /
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
ANDForm C-104
Supersedes Old C-104 and C-110
Effective 1-1-65AUTHORIZATION 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.

I. Operator **Clyde C. LaMAR, PRESIDENT**
INLAND CORPORATION

Address **Texas Oil and Gas Corporation**
2520 Fidelity Union Tower Building, Dallas, Texas 75201

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

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

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Horace Smith	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee
Location Unit Letter P ; 990 Feet From The South Line and 990 Feet From The East Line of Section 26 , Township 30N Range 14W , 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, Inc.	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 Co.	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. P	Unit 26 Sec. 30N Twp. 14W Rge. 14W Is gas actually connected? Yes When _____

If this production is commingled with that from any other lease or pool, give commingling order number: **No**

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/>	Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 11-8-64	Date Compl. Ready to Prod. 12-10-64	Total Depth 6082	P.E.T.D. 6050					
Pool Basin	Name of Producing Formation Dakota	Top Oil/Gas Pay 5818	Tubing Depth 5986					
Perforations 5822 - 34 5916 - 22 5936 - 42 5949 - 55			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12 1/4 7 7/8	CASING & TUBING SIZE 8 5/8 4 1/2 1 1/4		DEPTH SET 273 6081 5986		SACKS CEMENT 140 200			

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 greater than 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 2283	Length of Test 3 Hr.	Bbls. Condensate/MMCF Not Measured	Gravity of Condensate - -
Testing Method (pitot, back pr.) One point back pressure	Tubing Pressure 1880 SI 180	Casing Pressure 1880 SI 974	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

CAOF - 2922

MCF OIL CONSERVATION COMMISSION

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.

APPROVED _____, 19
BY **Thomas A. Dugan**
TITLE **Supervisor Dist. # 3****Thomas A. Dugan (do)**
(Signature)**Thomas A. Dugan, Agent**

(Title)

5-4-65

(Date)

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.