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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

I. Operator
Consolidated Oil & Gas Inc.
Address
P.O. Box 2936, Farmington, New Mexico
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Incompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
Other (Please explain)
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.
If change of ownership give name and address of previous owner
**CLYDE C. LaMAR, PRESIDENT
INLAND CORPORATION**

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Government Lea** Well No. **1-30** Pool Name, including Formation **Basin Dakota** Kind of Lease
State, Federal or Fee **Federal**
Location
Unit Letter **K** ; **1600** Feet From The **South** Line and **1450** Feet From The **West**
Line of Section **30** , Township **31 North** Range **12 West** , NMPM, **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒
La Mar Trucking Company Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1536, Farmington New Mexico
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒
Southern Union Gas Company Address (Give address to which approved copy of this form is to be sent)
Fidelity Tower, Dallas Texas
If well produces oil or liquids, give location of tanks. Unit **K** Sec. **30** Twp. **31 N** Rge. **12 W** Is gas actually connected? **Yes** When

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.			
Foot	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 Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-Bbls.

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

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.
Clyde Phillips (Signature)
Production Superintendent (Title)
2-26-65 (Date)
OIL CONSERVATION COMMISSION
APPROVED **FEB 26 1965**, 19
Original Signed By
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.