			/
NO. OF COPIES RECEIVED DISTRIBUTION	NEW MEXICO OIL	COUSERVATION COMMISSION	Form C -104
SANTA FE /		FOR ALLOWABLE AND	Supersedes Old C-104 and C- Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL RATION PURCHASED ALL THE AS	. GAS Sets
TRANSPORTER GAS	OF BOTH LaMA!	R TRUCKING, INC. AND INLAND (HASE INCLUDED N. M. S. C. C.	
OPERATOR 3		VHICH HAS BEEN TRANSFERRED 1	ro (d.
Cperation OFFICE Walker Bros. 011		CLYDE C. Lamar, PRESI INLAND CORPORATION	
Address	rango, Colorado (P.O.		
Reason(s) for filing (Check proper bo	Ox) Change in Transporter of:	Other (Please explain)	
Hecompletion	Oil Dry		
Change in Ownership		lensate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	D LEASE Well No. Pool !	Name, Including Formation	Kind of Lease
Santa Pe	4 Ho	spah-Gallup	State, Federal or Fee Fee
Location Unit Letter C; 330	Feet From The North	ine and 1650 Feet Fro	om The West
Line o: Section 7	Township 17N Range	BW , NMPM, McKir	lley County
Name of Futhorized Transporter of C	or Condensate	Address (Give daaress to which up	mington, New Mexico peroved copy of this form is to be sent)
Name of Futhorized Transporter of C	er Condensate Casinghead Gas or Dry Gas	P.O. Box 1528 Fax Address (Give address to which ap	
Name of Authorized Transporter of C	Fine . Casinghead Gas or Dry Gas . Unit Sec. Twp. Rge. 7 17N 8W	P.O. Box 1528, Fax Address (Give address to which ap Is gas actually connected? No - None Produce	mington, New Mexico proved copy of this form is to be sent) When
Name of Authorized Transporter of C	Fine or Condensate Fine or Condensate Fine or Co	Address (Give address to which ap Address (Give address to which ap Is gas actually connected? No - None Product ol, give commingling order number:	when
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Name of Authorized Transporter of C If well produces oil or liquids, give location of tanks. If this production is commingled to COMPLETION DATA Designate Type of Comple Date Spudded 8-13-65	or Condensate Fine. Casinghead Gas or Dry Gas Unit Sec. Twp. Rge. 7 17N 8W with that from any other lease or poor tion — (X) Date Compl. Ready to Prod. 7-30-65	P.O. Box 1528, Fax Address (Give address to which ap Is gas actually connected? No - None Product Ol, give commingling order number: New Well Workover Deepen X Total Depth 1545	when Plug Back Same Res'v. Diff. Res P.B.T.D. 1541 Tubing Depth
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Name of Authorized Transporter of Completing and Authorized Transporter of Completing and Part of Authorized Transporter of Completing Production of tanks. If this production is commingled and Completion DATA Designate Type of Completing Balance Authorized Transporter of Completing Balance Authorized Tra	casinghead Gas or Dry Gas Unit Sec. Twp. Rge. 7 17N 8W with that from any other lease or poor tion — (X) Date Compl. Ready to Prod. 7-30-65 Name of Producing Formation Oallup	Address (Give address to which ap P.O. Box 1528, Fat Address (Give address to which ap Is gas actually connected? No - None Produce ol, give commingling order number: New Well Workover Deepen X Total Depth 1545 Top Oil/Gas Pay 1517 AND CEMENTING RECORD DEPTH SET	when plug Back Same Res'v. Diff. Res P.B.T.D. 1541 Tubing Depth 1511 Depth Casing Shoe 1543 SACKS CEMENT 35 8X
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Name of Authorized Transporter of Complete of Authorized Transporter of Complete of Authorized Transporter of Complete of Comp	Inc. Casinghead Gas or Dry Gas Unit Sec. Twp. Rge. 7 17N 8W with that from any other lease or poor tion - (X) Date Compl. Ready to Prod. 7-30-65 Name of Producing Formation Oallup TUBING, CASING, A CASING & TUBING SIZE 8 5/8* 5 1/2* 2 3/8*	Address (Give adaress to which ap P.O. Box 1528, Fat Address (Give address to which ap Is gas actually connected? No - None Product ol, give commingling order number: New Well Workover Deepen X Total Depth 1545 Top Oil/Gas Pay 1517 AND CEMENTING RECORD DEPTH SET 43 1543	When Plug Back Same Res'v. Diff. Res P.B.T.D. 1541 Tubing Depth 1511 Depth Casing Shoe 1543 SACKS CEMENT 35
Name of Authorized Transporter of C LABOR TRUCKING. Name of Authorized Transporter of C If well preduces cil or liquids, give location of tanks. If this production is commingled to COMPLETION DATA Designate Type of Comple Date Spudded 8-13-65 Pool Hospan Perforations HOLE SIZE 12** 7 7/8** TEST DATA AND REQUEST OIL WELL	Fire or Condensate Fire or Dry Gas Well Gas Fire or Dry Gas Fire	Address (Give adaress to which ap P.O. Box 1528. Far Address (Give address to which ap Is gas actually connected? No - None Product ol, give commingling order number: New Well Workover Deepen X Total Depth 1545 Top Oil/Gas Pay 1517 AND CEMENTING RECORD DEPTH SET 43 1511 ore after recovery of total volume of loads depth or be for full 24 hours)	When Plug Back Same Res'v. Diff. Res P.B.T.D. 1541 Tubing Depth 1511 Depth Casing Shoe 1543 SACKS CEMENT 35
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Geologist Agent

September 8, 1965

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 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.