

ALL INFORMATION RECEIVED 9
 DISTRIBUTION
 SANTA FE 1
 FILE 1
 C.S.G.C.
 LAND OFFICE
 TRANSPORTER OIL 1
 GAS 1
 OPERATOR 5
 PRODUCTION OFFICE
 NUMBER

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form O-104
 Supersedes Old O-104 and O-110
 Effective 1-1-65
 Distribution:
 NMOC-9
 Farmington-1
 C. F. Guyot, LA-2
 C. C. Veazy, LA-1
 C. G. Hoover-1
 J. E. Van Meter-1
 File-1

**INLAND CORPORATION PURCHASED ALL THE ASSETS
 OF BOTH LaMAR TRUCKING, INC. AND INLAND CRUDE,
 INC. THIS PLEASE INCLUDE M. S. C. C.
 PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
 INLAND CORPORATION.**

I. Socony Mobil Oil Company, Inc.
10737 South Shoemaker Avenue, Santa Fe Springs, California
 Reason(s) for filing (Check proper box)

New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Oil <input type="checkbox"/> Gas	<input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	Change well number from #11-28 to #9 as per NMOC Memo No. 2-65 dated 6/2/65

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well No.	Pool Name, including Formation	Kind of Lease
3	Basin Dakota	State, Federal or Fee Federal
Unit Letter D	890 Feet From The North Line and 890 Feet From The West	
Line of Section 28	Township 24N Range 5W	NMPM Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)
La Mar Trucking, Inc.	<input checked="" type="checkbox"/>	Box 1528, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	<input checked="" type="checkbox"/>	Box 990, Farmington, New Mexico
If well produces oil or liquids, give formation of tank	Unit Sec. Twp. Rge.	Is gas actually connected? When
	D 28 24N 5W	Yes 11-6-64

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.
<input checked="" type="checkbox"/>								
Date Spurred	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Casing 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-MCF
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.

H. R. Carrick, Jr. (Signature)
 District Producing Superintendent
 (Title)
 July 26, 1965
 (Date)

OIL CONSERVATION COMMISSION
 AUG 2 1965
 APPROVED _____, 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 Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.
 Sections Form O-104 must be filed for each pool in multiple