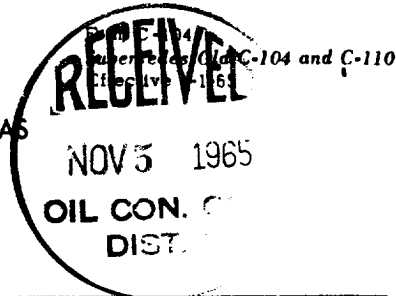


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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
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. C.
PERMIT # 670 WHICH HAS BEEN TRANSFERRED TO
INLAND CORPORATION.



Operator	Tenneco Oil Company	Clyde C. Lamar, President
Address	P. O. Box 1714, Durango, Colorado	
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well	<input checked="" type="checkbox"/>	Request temporary 1,000 bbl. allowable to test well effective 1st delivery.
Recompletion	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	
Change in Transporter of:		
Oil	<input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas	<input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Jicarilla "A"	3	Undes. Gallup	State, Federal or Fee Federal
Location			
Unit Letter NE/4 ; 900 Feet From The North Line and 990 Feet From The East			
Line of Section 19 , Township 26N Range 5W , NMPM, Rio Arriba County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
Lamar Trucking, Inc.	P. O. Box 1528, Farmington, New Mexico		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When
	NE/4 19 26N 5W	No	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
8-24-65	10-2-65	7590	7532					
Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Gallup	Undes. Gallup	6736	6724					
Perforations			Depth Casing Shoe					
6736-40			7590					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	470	250 sx.					
7-7/8"	5-1/2"	7590	1st stage, 150 cu.ft.					
			2nd stage, 171 cu.ft.					
	2-1/16"	6724						

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.)	
10-12-65	10-12-65	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	500	Packer	3/4
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
35 BOPD	35 BOPD	-0-	700 MCFD

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.

Harold C. Nichols

(Signature) Harold C. Nichols

Senior Production Clerk

(Title)

11-4-65

(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 5 1965

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.