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LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	7
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 A.A.A. Fishing Tool Co., Inc.
 Address P.O. Box 234, Farmington, New Mexico
 Reason(s) for filing (Check proper box)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

INLAND CORPORATION PURCHASED ALL THE ASSETS OF BOTH LAMAR TRUCKING, INC. AND INLAND CRUDE, INC. THIS PURCHASE INCLUDED N. M. S. C. C. WHICH HAS BEEN TRANSFERRED TO INLAND CORPORATION.
 CLYDE C. LAMAR, PRESIDENT
 INLAND CORPORATION

If change of ownership give name and address of previous owner Haynes & V.T. Drilg. Co. 516 Commercial Bank Tower Bldg. Midland, Texas

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Navajo</u>	Well No. <u>3</u>	Pool Name, Including Formation <u>Undesignated - Gallup</u>	Kind of Lease State, Federal or Fee <u>Indian</u>
Location Unit Letter <u>A</u> ; <u>945</u> Feet From The <u>North</u> Line and <u>750</u> Feet From The <u>East</u> Line of Section <u>15</u> , Township <u>32 North</u> Range <u>18 West</u> , NMPM, <u>San Juan</u> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>Lamar Trucking, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1528, Farmington, New Mexico</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Flared - No Market</u>	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 <u>H</u> Sec. <u>15</u> Twp. <u>32N</u> Rge. <u>18W</u>	Is gas actually connected? <u>No</u> When

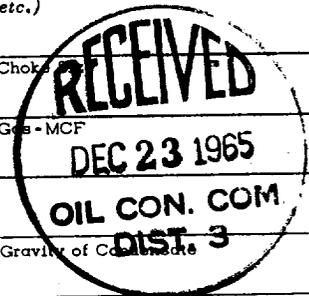
If this production is commingled with that from any other lease or pool, give commingling order number:

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.					
Pool	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 (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
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.

J. A. Deegan
 (Signature)
Consulting Engineer
 (Title)
12-22-65
 (Date)

OIL CONSERVATION COMMISSION
 APPROVED DEC 23 1965, 19____
 BY A. C. Desjardis
 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.