

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

NO. OF OPERATING WELLS	
DISTRICT	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**Inexco Oil Company**  
Address

Inexco Oil Co. Bldg., Suite 201, 211 Highland Cross, Houston, Texas 77073

Person(s) for filing (Check proper box) Other (Please explain)

New Well  Change in Transporter of:

Recompletion  Oil  Dry Gas

Change in Ownership  Casingshead Gas  Condensate

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease Fee
Lottie York	1	South Humble City Strawn	State, Federal or Fee	Fee
Location				
Unit Letter		Feet From The	Line and	Feet From The
P	990	South	Line and	660 East
Line of Section	Township	Range	Range	Lea
14	17S	37E	37E	Lea

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)
Permian Corp.	P.O. Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casingshead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	Phillips Bldg., Bartelsville, Oklahoma 74007
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: P Sec: 14 Twp: 17S Rge: 37E	Yes

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Other
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.)	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

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 density or be for full 24 hours)

**OIL WELL**

Date First New Oil Run To Tanks	Date of Test	Producing Method (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-MCFD	Length of Test	Dens. Condensate-AMCF	Gravity of Condensate
Testing Method (shot, back pr.)	Tubing Pressure (shot-in)	Casing Pressure (shot-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Wendell R. Linn*  
(Signature)  
Division Engineer  
April 29, 1982  
(Date)

OIL CONSERVATION DIVISION  
**MAY 4 1982**  
APPROVED \_\_\_\_\_  
BY **JERRY SEXTON**  
TITLE **DISTRICT 1 SUPR.**

This form is to be filed in compliance with RULE 1196.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a calculation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all applicable and required wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number or transporter or other such change of conditions. Form O-104 must be filed for each pool in multi-encumbered wells.

RECEIVED

MAY 3 1969

O.C.D.  
HOBBS OFFICE