

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

NO. OF OFFICE RECEIVED	
DISTRIBUTION	
SANTA FE FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PACIFICATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Inexco Oil Company

Address
211 Highland Cross, Suite 201 Houston, Texas 77073

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

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Lea Farms	Well No. 2	Pool Name, including Formation S. Humble City (Strawn)	Kind of Lease State, Federal or Fee Fee	Lease No.
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Location
Unit Letter **H**; **1800** Feet From The **N** Line and **500** Feet From The **E**

Line of Section **14** Township **17S** Range **37E**, NMPM, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Permian Corporation	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 2528 Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Warren Petroleum Co.	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 1150 Midland, Texas 79702
If well produces oil or liquids, give location of tanks.	Unit H Sec. 14 Twp. 17S Rge. 37E	Is gas actually connected?	Yes When 06/20/86

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 03/26/86	Date Compl. Ready to Prod. 05/03/86	Total Depth 11,800	P.B.T.D. 11,726					
Elevations (DF, RKB, RT, GR, etc.) 3727.4 GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,512	Tubing Depth 11,356					
Perforations 11,512 to 11,580	Depth Casing Shoe 11,800							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8 61#	460	500 SX Class "C"
12 1/4	9 5/8 36#, 40#	4,670	1640 SX HLWC and 200 SX Class "C"
8 1/2	5 1/2 17#, 20#, 23#	11,800	550 SX Class "H"

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 05/03/86	Date of Test 05/06/86	Producing Method (Flow, pump, gas lift, etc.) Flow
Length of Test 24 Hours	Tubing Pressure 353	Casing Pressure 0
Actual Prod. During Test	Oil-Bbls. 717.75	Water-Bbls. 0
		Gas-MCF 846

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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.

M. Pavelka
M. Pavelka
(Signature)
Production Engineer
(Title)
06/25/86
(Date)

OIL CONSERVATION DIVISION

APPROVED **JUN 30 1986**, 19____

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

TITLE _____

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 only Sections I, II, III, and VI 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.

RECEIVED
JUN 30 1986
O.C.D.
HOBBBS OFFICE