

NO. OF COPIES RECEIVED		4
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	1
	GAS	
OPERATOR		
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

RECEIVED

NOV 12 1975

Operator		Inexco Oil Company		O. & C.			
Address		ARTESIAL OFFICE					
		1100 Milam Bldg., Suite 1900, Houston, Texas 77002					
Reason(s) for filing (Check proper box)		Other (Please explain)					
New Well	<input type="checkbox"/>	Change in Transporter of:		400 bbl testing allowable			
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>			Dry Gas	<input type="checkbox"/>
Change in Ownership	<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	Lease No.
ARCO Federal Com	1	Gatelaw Draw (Delaware)	State, Federal or Fee Federal	NM84B
Location				
Unit Letter D ; 1200 Feet From The North Line and 1200 Feet From The West				
Line of Section 20 Township 21S Range 26E , NMPM, Eddy 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)			
Permian Corporation	P. O. Box 1183, Houston, Texas 77001			
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)			
Southern Union Gas Company	Fidelity Union Tower, Dallas, Texas			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Pge.
	D	20	21S	26E
Is gas actually connected?	When			
No	No CHG connection anticipated.			

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"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
8-3-73	7-8-75		11,050		10,845			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
KB 3361, GL 3345	Delaware Sand		4,088'		4,077'			
Perforations					Depth Casing Shoe			
4,096 - 4,106'					11,050'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		555		825			
11" & 12 1/4"	8 5/8		2,302		1408			
7 7/8"	5 1/2"		11,050' (DU @ 4198')		700 + 460			

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.)	
1-22-75	9-14-75	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	Pumping		2 1/4
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	14	200	735M

GAS WELL

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

Terry W. Elstrom
(Signature)
Production Engineer
(Title)
November 7, 1975
(Date)

OIL CONSERVATION COMMISSION

NOV 13 1975

APPROVED _____, 19____
BY W.A. Susselt
SUPERVISOR, DISTRICT II
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