

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OCT 14 1982

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PROMOTION OFFICE	

Operator  
Inexco Oil CompanyO. C. D.  
ARTESIA, OFFICE

Address

211 Highland Cross, Suite 201, Houston, Texas 77073

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐~~DESIGNATE~~

Change in Transporter of:

Oil ☒Dry Gas ☐Casinghead Gas ☐Condensate ☒

Other (Please explain)

If change of ownership give name  
and address of previous owner

## I. DESCRIPTION OF WELL AND LEASE

Lease Name Avalon Federal	Well No. 1	Pool Name, including Formation Burton Flat (Morrow)	Kind of Lease State, Federal or Fee Federal	Lease # NM-13624
Location Unit Letter <u>X</u> : <u>350</u> Feet From The <u>East</u> Line and <u>803</u> Feet From The <u>South</u> Line of Section <u>1</u> Township <u>21S</u> Range <u>26E</u> , NMPM, <u>Eddy</u> County				

## II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) Wilco Bldg., Suite 2205, Midland, TX, 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Bldg. P.O. Box 1490, El Paso, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit X	Sec. 1	Twp. 21S	Rge. 26E	Is gas actually connected? Yes	When January 26, 1977

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	Gas Well	New Well	Workover	Deepen	Plug Back	St. Res't.	Diff. Re-
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (OF, 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 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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
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 (prior, 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.

Engineering Technician  
(Title)July 1, 1982  
(Date)

## OIL CONSERVATION DIVISION

APPROVED OCT 19 1982, 19BY Original Signed By  
Leslie A. ClementsTITLE Supervisor District II

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 deviate 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 Form C-104 must be filed for each pool in multi-