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LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		
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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

Operator		JUL 25 1977	
Inexco Oil Company		O. C. C.	
Address		ARTERIA, OFFICE	
1100 Mialm Bldg., Suite 1900, Houston, TX 77002			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry 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	10	Well No.	Pool Name, including Formation	Kind of Lease	State	Lease No.
Federal/State Com.		1-3	Avalon Strawn	State, Federal or Fee		L-7010
Location						
Unit Letter	L	1980	Feet From The south	Line and	660	Feet From The west
Line of Section	10	Township	21S	Range	26E	NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	<input type="checkbox"/>	or Condensate	<input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
The Permian Corp				P. O. Box 319, Midland, TX 79701
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)
El Paso Natural Gas Company				P. O. Box 1384, Jal, New Mexico 88252
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	L	10	21S	26E
Is gas actually connected?	When			
no yes	7-29-77			

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.
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
1-7-77	6-30-77	11,100'	10,235'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Production Formation	Top Oil/Gas Pay	Tubing Depth					
3249 GR	Upper Permian Strawn	9456'	9082'					
Perforations			Depth Casing Shoe					
9456-69'; 9682-86'			11,099'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/2	13-3/8	455	450					
12-1/4	8-5/8	2,594	300					
7-7/8	5-1/2	11,099	650					
	278'	9082'						

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.)	
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
650	24 hrs.	nil	dry
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
back pressure	3200 psig	-0-	3/4

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.

Marion Tehbs
(Signature) Marion Tehbs
Production Engineer
(Title)
July 14, 1977
(Date)

OIL CONSERVATION COMMISSION
APPROVED AUG 31 1977
BY W. A. Brissett
Subject to case 6023 10-31-77
TITLE 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 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