UNITED STATES SUBMIT IN TRIPLICA (Other instructions (Other instru	5. LEASE DESIGNATION AND SERIAL NO. NM 8419
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NA
1. OIL GAS WELL X OTHER	7. UNIT AGREEMENT NAME NA 8. FARM OR LEASE NAME
Inexco 0il Co. 3. ADDRESS OF OPERATOR C. Strike 1000 Houston TX 77002	Arroyo Federal 9. WELL NO. 1
1100 Milam Bldg., Suite 1900, Houston TX 77002 FD 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 2. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)	10. FIELD AND POOL, OR WILDCAT Undesignated 11. SEC., T., R., M., OR BLE. AND SUEVEY OR AREA
15. ELEVATIONS (Show whether DF, ET CESSIA, OFFICE	Sec. 26-T21S-R22E 12. COUNTY OR PARISH 13. STATE NO. 1 May 1 May 1 Co
14. PERMIT NO. GL 4224' 16. Check Appropriate Box To Indicate Nature of Notice, Report	er Other Data
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent proposed work. If well is directionally drilled, give subsurface locations and measured and true ment to this work.)* 8-26-77: Gas sales to El Paso Natural Gas Company commenced on	REFAIRING WELL ALTERING CASING ABANDONMENT* EMENT OF SaleS Tesults of multiple completion on Well Recompletion Report and Log form.) I dates, including estimated date of starting any Exercises of the starting and starting a
18. I hereby certify that the formalists transferred TYPLE Production Superint	tendent DATE 8-26-77
Terry W. Ellstrom (This space for Federal of State outce use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	