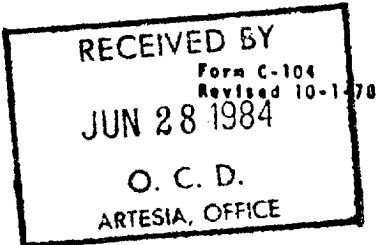


OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OIL	<input checked="" type="checkbox"/>
GAS	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

Operator
InterNorth, Inc

Address
10,000 Old Katy Rd., Suite 100, Houston, Texas 77055

Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Poker Lake '32' State	Well No. 1	Pool Name, including Formation West Sand Dunes (Morrow)	Kind of Lease State, Federal or Fee State	Lease N L-6442
Location Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line of Section 32 T. 23-S Range 31-E, NMPM, Eddy Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> UPG, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 3339, Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Box 1492, El Paso, TX 79999					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 32	Twp. 23-S	Rge. 31-E	Is gas actually connected? Yes	When 3-18-82

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. Re.
		X	X					
Date Spudded 2-4-81	Date Compl. Ready to Prod. 6-24-81		Total Depth 14925'		P.B.T.D. 14369'			
Elevations (DF, RKB, RT, CR, etc.) 3387.5' RKB	Name of Producing Formation Morrow		Top Oil/Gas Pay 14082'		Tubing Depth 13972'			
Perforations 14082-14090'					Depth Casing Shoe 14924'			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
20"	16" OD	706'	720
14-3/4"	10-3/4"	4395'	2900
9-1/2"	7-5/8"	12500'	1250
6-1/2"	5" Liner	12263-14924'	500

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 oil able 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 240	Length of Test 4Hrs	Bbls. Condensate/MMCF None	Gravity of Condensate ---
Testing Method (prior, back pr.) Flowing	Tubing Pressure (Shut-in) 7076#	Casing Pressure (Shut-in) 1720#	Choke Size 6-12/64"

VI. 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.

John Randall
(Signature)
Production Dept
(Title)
6/13/84
(Date)

OIL CONSERVATION DIVISION
JUL 0 9 1984

APPROVED _____, 19____
BY _____
Original Signed By
Leslie A. Clements
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 deeper well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multi-completed wells.