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U.S.G.S.	
LAND OFFICE.	
TRANSPORTER	OIL
	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 1-1-68

Aug 1 1980

O. C. D.
ARTESIA, OFFICE

Operator Inexco Oil Company	
Address 1100 Milam Building, Suite 1900 Houston, Texas 77002	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input 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"/>
Other (Please explain)	
If change of ownership give name and address of previous owner	

DESCRIPTION OF WELL AND LEASE

Lease Name Bison Wallow	Well No. 1	Pool Name, Including Formation Wildcat	Kind of Lease State, Federal or Fee	Lease No. NM0478352
Location				
Unit Letter H ; 1980 Feet From The north Line and 660 Feet From The east				
Line of Section 34 Township 25S Range 29E, NMPM, Eddy County				

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)	
Navajo Crude Oil Purchasing Company	P.O. Drawer 175, Artesia, New Mexico 88201	
Name of Authorized Transporter of Casinghead Gas <input checked="" 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 1492, El Paso, Texas 79978	
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 34
	Twp. 25S	Rge. 29E
	Is gas actually connected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	When 9-9-80	
	not known at this time	

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	Same Restv.	Diff. Restv.
		X	X					
Date Spudded 12/31/79	Date Compl. Ready to Prod. 7/02/80		Total Depth 14391'		P.B.T.D. 14305'			
Elevations (DF, RKB, RT, GR, etc.) 2988.3 GR	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 11379'		Tubing Depth 11315'			
Perforations 11379' - 11449' w/ 2 SPF					Depth Casing Shoe			

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20"	363'	800
17-1/2"	13-3/8"	3010'	3220
12-1/4"	9-5/8"	11154'	1285
6-1/2"	5-1/2"	14391'	1635

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 2500	Length of Test 8 hrs.	Bbls. Condensate/MMCF 30.531	Gravity of Condensate 61.4 @ 60°
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (shut-in) 5940	Casing Pressure (shut-in) P.O.	Choke Size 18/64"

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.

Cynthia D. Zator
(Signature)
Production Clerk
(Title)
July 28, 1980
(Date)

OIL CONSERVATION COMMISSION

SEP 15 1980

APPROVED _____, 19____
BY W. A. Gressett
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.