

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Inexco Oil Co., a wholly owned subsidiary of The Louisiana Land and Exploration Company

Address  
2950 North Loop West, Suite 1200 Houston, Texas 77092-8862

Reason(s) for filing (Check proper box)  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
 Other (Specify Reason) **PRODUCED GAS MUST NOT BE PLACED AFTER 10-14-88 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.**

If change of ownership give name and address of previous owner — **THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name: Berry Hobbs

Well No.: 1

Pool Name, including Formation: North Shoe Bar - Wolfcamp

Kind of Lease: State, Federal or Fee Fee

Lease No.:

Location  
Unit Letter: A : 700 Feet From The North Line and 980 Feet From The East  
Line of Section: 17 Township: 16 S Range: 36 E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐  
Pride Pipeline

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
Contract Pending

Address (Give address to which approved copy of this form is to be sent)  
P.O. Box 2436, Abilene, Texas 79604

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks. Unit: A Sec: 17 Twp: 16S Rge: 36E

Is gas actually connected? No When:

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

*G. A. Coughlin*  
(Signature)  
Senior Petroleum Engineer

(Title)

August 17, 1988

(Date)

OIL CONSERVATION DIVISION

AUG 22 1988

APPROVED \_\_\_\_\_, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

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 deviated 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 multiple completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-5-88	Date Compl. Ready to Prod. 8-12-88		Total Depth 11770		P.B.T.D. 10734'				
Elevations (DF, RKB, RT (GR), etc.) 3926.4	Name of Producing Formation Wolfcamp		Top Oil/Gas Pay 10357		Tubing Depth 10010'				
Perforations 10357-10375						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2	13-3/8		448		475				
11	3-5/8		4300		1400				
7-7/8	5-1/2		10852		730				

#### V. TEST DATA AND REQUEST FOR ALLOWABLE (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 8/14/88	Date of Test 8/16/88	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 22	Tubing Pressure Pumping	Casing Pressure 0	Choke Size Open
Actual Prod. During Test 190	Oil - Bbls. 190	Water - Bbls. 0	Gas - MCF 158

#### GAS WELL

*Calculated 24 hr test 201 BOPD*

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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