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| 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-
Effective 1-1-65

Operator
Inexco Oil Company

Address
1100 Milam Building, Suite 1900 Houston, Texas 77002

Reason(s) for filing (Check proper box) *TESTING

| | | | | | |
|---------------------|--------------------------|---------------------------|--------------------------|------------------------|--|
| New Well | <input type="checkbox"/> | Change in Transporter of: | | Other (Please explain, | |
| Recompletion | <input type="checkbox"/> | Oil | <input type="checkbox"/> | *Testing Wildcat Well | |
| Change in Ownership | <input type="checkbox"/> | Casinghead Gas | <input type="checkbox"/> | | |
| | | Dry Gas | <input type="checkbox"/> | | |
| | | Condensate | <input type="checkbox"/> | | |

1000 barrels condensate

change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--------------------------|----------|--------------------------------|-------------------------------|-----------|
| Lease Name | Well No. | Pool Name, including Formation | Kind of Lease | Lease No. |
| Federal 12 Sicola 12 Fed | 1 | W. Tonto Penn | State, Federal or Fee Federal | NM 9560 |

Location

Unit Letter G ; 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 12 Township 19S Range 32E , NMPM, Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|---|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> * or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Koch Oil Company | P. O. Box 3609 Midland, Texas 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) |

| | | | | | | |
|---|------|------|------|------|----------------------------|------|
| well produces oil or liquids, ve location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|------|------|------|------|----------------------------|------|

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

AMILETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|-----------------|-------------------|----------|--------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | |
| levations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | |
| erforations | | | Depth Casing Shoe | | | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |

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 | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) | Tubing Pressure (shut-in) | Casing Pressure (shut-in) | Choke Size |

CERTIFICATE OF COMPLIANCE

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.

Karen Palmquist
(Signature)
Production Clerk
(Title)
9/18/79
(Date)

OIL CONSERVATION COMMISSION
SEP 25 1979
APPROVED _____, 19____
BY _____
Orig. Signed by
Jerry Sexton
Dist 1, Supp
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 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