

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 FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL <input type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	
Operator	

Inexco Oil Company  
Address  
910 Wilson Tower, Corpus Christi, Tx. 78476

Reason(s) for filing (Check proper box)  
 New Well  Change in Transporter of:  
 Recombination  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate   
 Other (If transporter GAS MUST NOT BE REINSTATED 4/11/82 UNLESS AN EXEMPTION TO R-4970 IS OBTAINED.)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE  
 Lease Name: Lottie York Well No.: 1 Pool Name, including Formation: South Humble City Wildcat (Strawn)  
 Kind of Lease: Fee State, Federal or Fee lease Lease No.:

Location  
 Unit Letter P : 990 Feet From The South Line and 660 Feet From The East  
 Line of Section 14 Township 17 S Range 37 E , N.M.P.M., Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
 Name of Authorized Transporter of Oil  or Condensate   
P & O Falco Corporation Address (Give address to which approved copy of this form is to be sent)  
P. O. Box 648, Snyder, Tx. 79549  
 Name of Authorized Transporter of Casinghead Gas  or Dry Gas   
Undetermined 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 P Sec. 14 Twp. 17 S Rge. 37 E Is gas actually connected? No When gas contract & ASAP purchaser are determined

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Reservoir
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
<u>10/20/81</u>	<u>1/18/82</u>	<u>12,107</u>	<u>11,856</u>					
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
<u>3727.10 (GR)</u>	<u>Strawn</u>	<u>11,430</u>	<u>11,354</u>					
Perforations			Depth Casing Size					
<u>11,430 - 11,462</u>			<u>12,107</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>17-1/2</u>	<u>13-3/8</u>	<u>460</u>	<u>475 sx</u>
<u>12-1/4</u>	<u>9-5/8</u>	<u>4800</u>	<u>1800 sx</u>
<u>8-1/2</u>	<u>5-1/2</u>	<u>12,107</u>	<u>1150 sx</u>
<u>Tubing</u>	<u>2-7/8</u>	<u>11,354</u>	

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
<u>1/7/82</u>	<u>1/10/82 to 1/11/82</u>	<u>Flowing</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
<u>24 hrs</u>	<u>900#</u>	<u>0</u>	<u>14/64</u>
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
<u>386</u>	<u>386</u>	<u>0</u>	<u>222</u>

GAS WELL

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

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.

Wyndell R. Caviness  
(Signature) Wyndell R. Caviness  
Drilling & Production Engineer  
(Title)  
January 19, 1982  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 4 1982, 19  
 BY Jerry Sexton  
 TITLE Dist. L. Supv.

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.  
 Separate Form C-104 must be filed for each pool in multiply recompleted wells.