

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.C.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

Operator Inexco Oil Company	
Address 211 Highland Cross, Suite 201 Houston, Texas 77073	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	CASINGHEAD GAS MUST NOT BE FLARED AFTER 2/15/84 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
Recompletion ☐	
Change in Ownership ☐	
Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	
If change of ownership give name and address of previous owner _____	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Norris	Well No. 2	Pool Name, including Formation S. Humble City (Strawn)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter N : 2550 Feet From The West Line and 800 Feet From The South				
Line of Section 13 Township 17S Range 37E, NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 2528 Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	620 Frank Phillips Bldg. Bartlesville, Oklahoma 77004
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit N Sec. 13 Twp. 17S Rge. 37E	No

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 Restv. ☐ Diff. Re. ☐
Date Spudded 9-30-83	Date Compl. Ready to Prod. 12-15-83	Total Depth 12,096
Elevations (DF, RKB, RT, GR, etc.) 3717.0 GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,579
Perforations 11,579 - 11,626 11,637 - 11,649	11,673 - 11,693	Tubing Depth 11,065 Depth Casing Shoe 12,096
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET
17 1/2	13 3/8	482
12 1/4	9 5/8	4566
8 1/2	5 1/2	12096
		SACKS CEMENT 530 1850 525

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lost oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

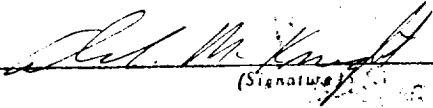
Date First New Oil Run To Tanks 12-15-83	Date of Test 12-15-85 - 12-16-83	Producing Method (Flow, pump, gas lift, etc.) Flowing
Length of Test 24 Hrs	Tubing Pressure 480	Casing Pressure 0
Actual Prod. During Test 468 BO	Oil-Bbls. 468	Water-Bbls. 0
		Gas-MCF 555

GAS WELL

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

I. 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.


(Signature)
Alan G. McKnight Production Clerk
(Title)
December 16, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED **DEC 20 1983**, 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 deviate tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells 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 Form C-104 must be filed for each pool in multi-completed wells.

DEC 19 1983

HOME OFFICE.