

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

AS OF TOPIC RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.C.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Inexco Oil CompanyAddress
211 Highland Cross, Suite 201 Houston, Texas 77073

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"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

show casinghead gas
connectionIf change of ownership give name
and address of previous owner

1. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Ashland Exploration	1	S. Humble City (Strawn)	State, Federal or Fee Fee	
Location				
Unit Letter	E	2100 Feet From The	N	Line and 600 Feet From The
Line of Section	13	T. wship	17S	Range 37E
				NMPM, Lea
				County

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation P. O. Box 9 / 1 / 87	P.O. Box 2528 Hobbs, New Mexico 88240
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)
Phillips Petroleum Co. Natural Gas	620 Frank Phillips Blvd. Bartlesville, OK 77040
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.
E 13 17S 37E	Is gas actually connected? When
	Yes 2/25/86

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

No

3. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
10/26/85	12/29/85	11,940	11,856					
Elevations (DF, R&B, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3724.0'	Strawn	11,511	11,328					
Perforations			Depth Casing Shoe					
11,511' to 11,530' W/2SPF	11,542' to 11,580' W/1SPF		11,940					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17 1/2	13 3/8" 61#	480	450 SX Class "C"					
12 1/4	9 5/8" 36#, 40#, 47#	4,672	1640 SX HLWC 200 SX Class C					
8 1/2	5 1/2" 20#	11,940	600 SX Class "H"					

4. 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.)	
12/28/85	12/29-30/85	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hours	800 Psi	0	17/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	504	1	705

GAS WELL

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

5. 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.

Mike Pavelka

(Signature)

M. Pavelka, Production Engineer

(Title)

03/06/85

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 1 1 1986

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 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 Forms C-104 must be filed for each pool in multiple completed wells.

RECEIVED
MAR 10 1986
O.C.C.
HOBBS OFFICE