

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 EXPLORATION	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
NAT	
OPERATOR	
PRODUCTION 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 <input checked="" type="checkbox"/>	Casinghead Gas MUST NOT BE PLACED AFTER UNLESS AN EXCEPTION TO R-4070 IS OBTAINED
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of:	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

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.

DESCRIPTION OF WELL AND LEASE				
Lease Name Ashland Exploration	Well No. 1	Pool Name, Including Formation S. Humble City (Strawn)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>E</u> ; <u>2100</u> Feet From The <u>N</u> Line and <u>600</u> Feet From The <u>W</u> Line of Section <u>13</u> Township <u>17S</u> Range <u>37E</u> , NMPM, <u>Lea</u> County				

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 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. 620 Frank Phillips Blvd., Bartlesville, OK 77040					
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 13	Twp. 17S	Rge. 37E	Is gas actually connected? No	When Approx. 2/5/86

If this production is commingled with that from any other lease or pool, give commingling order number: No

COMPLETION DATA			
Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res't. <input type="checkbox"/> Diff. Res't. <input type="checkbox"/>		
Date Spudded 10/26/85	Date Compl. Ready to Prod. 12/29/85	Total Depth 11,940	P.B.T.D. 11,856
Elevations (EF, RAB, RT, GR, etc.) 3724.0'	Name of Producing Formation Strawn	Top Oil/Gas Pay 11,511	Tubing Depth 11,328
Perforations 11,511 to 11,530 w/2SPF 11,542 to 11,580 w/1SPF			Depth Casing Shoe 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#	4672	1640 SX HLWC 7 200 SX Class "C"
8 1/2	5 1/2" 20#	11940	600 SX Class "H"

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 12/28/85	Date of Test 12/29/85 to 12/30/85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 800 Psi	Casing Pressure 0	Choke Size 17/64
Actual Prod. During Test	Oil-Bbls. 504	Water-Bbls. 1	Gas-MCF 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

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.

R.L. Blount  
(Signature)  
Engineering Technician  
12/30/85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED JAN 2 - 1986, 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 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 multiply completed wells.

RECEIVED  
DEC 31 1985  
U.S. DEPT. OF JUSTICE  
HOMELAND SECURITY