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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Inexco Oil Company	
Address 211 Highland Cross, Suite 201 Houston, Texas 77073	
Reason(s) for filing (Check proper box)	Oil (Casinghead) GAS MUST NOT BE FLAMED AFTER 7-3-86 UNLESS AN EXCEPTION TO R-1079 IS OBTAINED.
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	

If change of ownership give name  
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE		7-1-86	R-8256
Lease Name Lea Farms	Well No. 2	Pool Name, Including Formation S. Humble City (Strawn)	Kind of Lease State, Federal or Fee Fee
Location Unit Letter H : 1800 Feet From The N Line and 500 Feet From The E Line of Section 14 Township 17S Range 37E, NMPM, Lea County			

I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation Permian (Eff. 9 / 1 / 87)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528 Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Co. 66 North Gas Co.	Address (Give address to which approved copy of this form is to be sent) 620 Frank Phillips Blvd., Bartlesville, OK 77040
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. H 14 17S 37E Is gas actually connected? When No 05/27/86

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

I. 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 03/26/86	Date Compl. Ready to Prod. 05/03/86
Elevations (DF, RKB, RT, GR, etc.) 3727.4 GR	Name of Producing Formation Strawn
Perforations 11,512 to 11,580	Total Depth 11,800
	Top Oil/Gas Pay 11,512
	Tubing Depth 11,356
	Depth Casing Shoe 11,800

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8 61#	460	500 SX Class "C"
12 1/4	9 5/8 36#, 40#	4,670	1640 SX HLWC and 200 SX Class "C"
8 1/2	5 1/2 17#, 20#, 23#	11,800	550 SX Class "H"

I. 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 05/03/86	Date of Test 05/06/86	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 353	Casing Pressure 0	Choke Size 24
Actual Prod. During Test	Oil - Bbls. 717.75	Water - Bbls. 0	Gas - MCF 846

GAS WELL	
Actual Prod. Test-MCF/D	Length of Test
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)
	Casing Pressure (Shut-in)
	Choke Size

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION MAY 7 - 1986	
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.		APPROVED _____, 1986	
M. Pavelka (Signature) Production Engineer (Title) May 6, 1986 (Date)		BY _____ ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR 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 completed wells.	

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