

Handwritten initials and marks

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

FEB 18 1994

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Samedan Oil Corporation	Well API No. 30-005-61812
Address 12600 Northborough, #250, Houston, Tx 77067	
Reason(s) for Filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous

II. DESCRIPTION OF WELL AND LEASE

Lease Name STATE 16	Well No. 3	Pool Name, Including Formation PECOS SLOPE ABO (GAS)	Kind of Lease State, Federal or Fee <u>ST</u>	Lease No.
Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</u> Line Section <u>16</u> Township <u>7-S</u> Range <u>26-E</u> , <u>NMPM</u> , <u>CHAVES</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/>	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent.)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/>	or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent.)
COMMANCHE PIPELINE		5949 SHERRY LANE, SUITE 755, DALLAS, TX 75225
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When? Yes 02/08/84

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well <input checked="" type="checkbox"/>	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 10/28/1982	Date Compl. Ready to Prod. 12/24/1982	Total Depth 4400	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3604.4 kb	Name of Producing Formation ABO	Top Oil/Gas Pay 4053	Tubing Depth 3530					
Perforations 4053 - 4065	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2	13 3/8	134	150 SX <i>Part ID-3</i>
12 1/4	9 5/8	850	250 SX <i>3-4-94</i>
7 7/8	4 1/2	4257	750 SX <i>Ang ET SPC</i>

V. 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

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

VI. OPERATOR 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 <i>Judy Throneberry</i>	Division Production Clerk
Printed Name Judy Throneberry	Title (713) 876-6150
Date 02/16/1994	Telephone No.

OIL CONSERVATION DIVISION

Date Approved FEB 25 1994

By _____
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.