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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**REQUEST FOR ALLOWABLE**  
**AND**  
**AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-104 and C-110  
 Effective 1-1-65

**I. OPERATOR**

Operator: Samedan Oil Corporation

Address: 600 N. Marienfeld, Suite 320 Paragon Tower, Midland, Texas 79701

Reason(s) for filing (Check proper box):  
 New Well (Zone)  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain): \_\_\_\_\_

If change of ownership give name and address of previous owner: \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>J.H. Moore "B"</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Moore Penn</u> <u>Undesignated (Penn.)</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. _____
Location Unit Letter <u>F</u> ; <u>1650</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>25</u> Township <u>T-11-S</u> Range <u>R-32-E</u> , NMPM, <u>Lea</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Amoco Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>3411 Knoxville Avenue, Lubbock, Tx. 79413</u>
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) _____
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>25</u> Twp. <u>11-S</u> Rge. <u>32-E</u>	Is gas actually connected? <u>No</u> When _____

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input checked="" type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>6-28-53</u>	Date Compl. Ready to Prod. <u>6-12-83</u>		Total Depth <u>10,593</u>			P.B.T.D. <u>9780</u>		
Elevations (DF, RKB, RT, CR, etc.) <u>4320 GR</u>	Name of Producing Formation <u>Penn.</u>		Top Oil/Gas Pay <u>8451'</u>			Tubing Depth <u>8450'</u>		
Perforations <u>8451, 64, 68, 70, 72, 78, 81, 96, 8502, 11</u>						Depth Casing Shoe _____		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>17 1/2"</u>	<u>13 3/8"</u>	<u>48#</u>	<u>326'</u>		<u>300 sx</u>			
<u>12 1/2"</u>	<u>9 5/8"</u>	<u>36#</u>	<u>3648'</u>		<u>1726 sx</u>			
<u>8 3/4"</u>	<u>7"</u>	<u>26#</u>	<u>10593'</u>		<u>800 sx</u>			

**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 Tanks <u>6-12-83</u>	Date of Test <u>6-15-83</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 Hours</u>	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test <u>11</u>	Oil - Bbls. <u>11</u>	Water - Bbls. <u>21</u>	Gas - MCF <u>32</u>

**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. CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Vertis Diamond  
 (Signature)  
 Division Clerk  
 (Title)  
 June 29, 1983  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED JUL 5 1983, 19\_\_\_\_

BY ORIGINAL SIGNED BY EDDIE STAY  
 TITLE OIL & GAS INSPECTOR

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.