

**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 1-1-85

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

Operator
Samedan Oil Corporation

Address
10 Desta Drive, Suite 240 East, Midland, Texas, 79705

Reason(s) for filing (Check proper box)
 New Well 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
Imperial-American Management Co., 215 Mid-America Bldg., Midland, TX, 79702

DESCRIPTION OF WELL AND LEASE
 Lease Name **Hughes "A"** Well No. **1** Pool Name, including Formation **Langlie Mattix /Queen** Kind of Lease **Fed** Lease No. **NM 2244**
 Location
 Unit Letter **G** ; **1980** Feet From The **North** Line and **1980** Feet From The **East**
 Line of Section **18** Township **23 South** Range **37 East** , NMPM, **Lea** County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Texas-New Mexico Pipeline Co. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1510, Midland, Texas, 79702
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Getty Oil Co. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1137, Eunice, New Mexico, 88231
 If well produces oil or liquids, give location of tanks. Unit **E** Sec. **17** Twp. **23-S** Rge. **37-E** Is gas actually connected? **Yes** When **December 13, 1965**

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

COMPLETION DATA
 Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.
 Date Spudded **7-15-68** Date Compl. Ready to Prod. **8-23-68** Total Depth **3800'** P.B.T.D. **3759'**
 Elevations (DF, RKB, RT, GR, etc.) **3336' GR** Name of Producing Formation **Queen** Top Oil/Gas Pay **3635** Tubing Depth **3756**
 Perforations **3735-3639'** Depth Casing Shoe **3800'**

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8-5/8"	800'	375 sx Circ
7-7/8"	5 1/2"	3800'	250 sx

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)

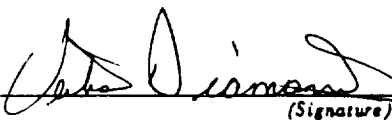
Date First New Oil Run To Tanks	Date of Test 6-7-85	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 3	Oil - Bbls. 3.6	Water - Bbls. 87	Gas - MCF 5

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 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 Production Clerk
 (Title)
6/17/85
 (Date)

OIL CONSERVATION COMMISSION
JUN 20 1985
 APPROVED _____, 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

JUN 19 1985

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