

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Samedan Oil Corporation		Well API No. 30-025-32052
Address 12,600 Northborough, #250, Houston, Texas 77067		
Reason(s) for Filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input 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 SARAH B	Well No. 2	Pool Name, Including Formation Cline-Lower Paddock/Blinbery	Kind of Lease State, Federal or Fee FED	Lease No. NM2244
Location Unit Letter <u>K</u> : <u>2310</u> Feet From The <u>SOUTH</u> Line and <u>1803</u> Feet From The <u>WEST</u> Line Section <u>12</u> Township <u>23-S</u> Range <u>37-E</u> ,NMPM, LEA				

III. 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.)					
Texas New Mexico Pipeline	Po Box 2528, Hobbs, New Mexico 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent.)					
WARREN PETROLEUM	PO BOX 1909, EUNICE, NM 88231					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 11	Twp. 23-S	Rge. 37-E	Is gas actually connected? Yes	When? 09/22/93

If this production is commingled with that from any other lease or pool, give commingling order PC-847

IV. 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 06/27/1993	Date Compl. Ready to Prod. 09/21/1993	Total Depth 6250'		P.B.T.D. 6205' - Loc Set Pkr @ 6081'				
Elevations (DF, RKB, RT, GR, etc.) 3988' GL	Name of Producing Formation LWR PADDOCK/BLINEBRY	Top Oil/Gas Pay 5642		Tubing Depth PRODUCING THROUGH CSG				
Perforations 5642' - 5681' - 27 HOLES				Depth Casing Shoe 6250'				

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 09/21/1993	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>	Title Division Production Clerk
Printed Name Judy Throneberry	Telephone No. (713) 876-6150
Date 12/08/1993	

OIL CONSERVATION DIVISION

Date Approved 12 16 1993
By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

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.