

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**

I.

Operator Samedan Oil Corporation	Well API No. 30-025-23525
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"/> Other (Please explain) Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name
and address of previous

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf State Comm	Well No. 1	Pool Name, Including Formation MORTON WOLFCAMP, EAST	Kind of Lease State, Federal or Fee <u>STAT</u>	Lease No.
Location Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>EAST</u> Line Section <u>4</u> Township <u>15-S</u> Range <u>35-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"/> Amoco Pipe Line Company	Address (Give address to which approved copy of this form is to be sent.) Po Box 1088, Lovington, NM 88260					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> J. L. Davis	Address (Give address to which approved copy of this form is to be sent.) 211 North Colorado, Midland, Texas 79701					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 4	Twp. 15S	Rge. 35E	Is gas actually connected? Yes	When? 7/19/71

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 08/15/1970	Date Compl. Ready to Prod. 10/05/1970		Total Depth 10,546		P.B.T.D.			
Elevations (DF, RKB, RT, SR, etc.) 4004.2 G.L.	Name of Producing Formation Permo-Penn		Top Oil/Gas Pay 10,510		Tubing Depth 4347			
Perforations 10,448 - 10,494					Depth Casing Shoe 10,510			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/4	12 3/4		400		350 sx circ to surface			
12 1/4	8 5/8		4600		300 sx			
7 5/8	5 1/2		10,510		450 SX			

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

OIL CONSERVATION DIVISION

Date Approved FEB 18 1994

By ORIGINAL SIGNED BY JERRY SEXTON
Title DISTRICT I SUPERVISOR

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

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