

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
INITIALS	
FILE	
U.S.G.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	
Operator	

Samedan Oil Corporation

Suite 320, 600 N. Marienfeld, Midland, Texas, 79701

Reason(s) for filing (Check proper box)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Request for Test Allowable of 4000 Barrels
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
		Condensate <input type="checkbox"/>

change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Parks "A"	Well No. 10	Pool Name, including Formation Wantz (Abo)	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>K</u> ; <u>2130</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>14</u> Township <u>22-S</u> Range <u>37-E</u> , NMPM, <u>Lea</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Western Oil Transportation Co., Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas, 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Getty Oil Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1137, Eunice, New Mexico, 88231
Well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>14</u> Twp. <u>22-S</u> Rge. <u>37-E</u>	Is gas actually connected? <u>No</u> When <u>1-23-84</u>

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <u>12-13-83</u>	Date Compl. Ready to Prod. <u>1-15-84</u>	Total Depth <u>7480'</u>	P.B.T.D.					
Productions (DF, RKB, RT, GR, etc.) <u>3337.1 GR</u>	Name of Producing Formation <u>Wantz (Abo)</u>	Top Oil/Gas Pay <u>6709'</u>	Tubing Depth <u>6500'</u>					
Casinghead Gas <u>6709-7182'</u>			Depth Casing Shoe <u>7480'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4"</u>	<u>8-5/8"</u>	<u>1100'</u>	<u>385 sx Lite, 190 sx Class "C"</u>
<u>7-7/8"</u>	<u>5 1/2"</u>	<u>7480'</u>	<u>170 sx Pacesetter Lite & 375 sx Class "H"</u>

TEST DATA AND REQUEST FOR ALLOWABLE 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	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

TEST WELL

Oil Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Flowing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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 is true and complete to the best of my knowledge and belief.


(Signature) Vertis Diamond
Division Clerk
(Title)
1-18-84
(Date)

OIL CONSERVATION DIVISION

JAN 20 1984

APPROVED _____, 19____
BY _____
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 Form C-104 must be filed for each pool in multiply completed wells.