

**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. 30-025-32052
Address 10 Desta Dr., Suite 240 East, Midland, TX 79705	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> Other (Please explain) HOOK UP TO GAS LINE	

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/BLINEBRY	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"/> SCURLOCK PERMIAN CORP	Address (Give address to which approved copy of this form is to be sent.) 3514 LOVINGTON HWY, HOBBS, NM 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> WARREN PETROLEUM	Address (Give address to which approved copy of this form is to be sent.) 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? When? Yes 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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v <input checked="" type="checkbox"/>
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  
Judy Throneberry  
Division Production Clerk

Printed Name  
09/23/1993  
Date

Title  
(915) 684-8491  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved  
NOV 22 1993

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.