

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 10 Desta Dr., Suite 240 East, Midland, TX 79705		
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	DUEL COMPLETION. WELL IS ALREADY PRODUCING FROM THE TUBB ZONE..
Recompletion <input checked="" type="checkbox"/>	Oil <input 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		

**THIS WELL HAS BEEN PLACED IN THE POOL
DESIGNATED BELOW. IF YOU DO NOT CONCUR
NOTIFY THIS OFFICE.**

Lease Name SARAH B	Well No. 2	Pool Name, Including Formation CLINE - LOWER PADDOCK/BLINEBRY	Kind of Lease State, Federal or Fee	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.)		
SCURLOCK or Permas Corp		3514 LOVINGTON HWY, HOBBS, NM 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? When?		UPON APPROVAL OF C-104		

If this production is commingled with that from any other lease or pool, give commingling order SURFACE - WAITING ON PERMIT FROM STATE

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		
17 1/2"		13 3/8" 48# H-40		925'			760 SX		
7 7/8"		5 1/2" 15.5# J-55		6250'			1150 SX		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			
<i>(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.)</i>			
Date First New Oil Run to Tank 09/21/1993	Date of Test 09/23/1993	Producing Method (Flow, pump, gas lift, etc.) FLOWING	
Length of Test 24 HR	Tubing Pressure	Casing Pressure 725#	Choke Size 10/64
Actual Prod. During Test	Oil - Bbls. 26	Water - Bbls. 6	Gas - MCF 254

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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. <i>Judy Throneberry</i> Signature Judy Throneberry Division Production Clerk Printed Name 09/23/1993 Date Title (915) 684-8491 Telephone No.		OIL CONSERVATION DIVISION SEP 27 1993 Date Approved By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR Title
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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.