Submit 5 Copies to Appropriate **District Office**

State of New Mexico .nergy, Minerals and Natural Resources Department

Form C-104 **Revised 1-1-89** See Instructions at Bottom of Page

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		(020153) W	ell API No. 30-025-32258	
Address 12600 Northborough, #250, Houston, Tx 77067				
Reason(s) for Filing (Check proper box) Other (Please explain)				
New Well	Change in Transporter of:			
Recompletion Oil Dry Gas				
Change in Operator	Casinghead Gas Cond	densate		
If change of operator give name THIS WELL HAS BEEN PLACED IN THE POOL				
and address of previous II. DESCRIPTION OF WELL AND LEASE NOTIFY THIS OFFICE				
Lease Name		ding Formation Kin		
SHARP 1 RING OF TUBB State, Federal or Fee FEE				
Location Unit Letter F : 1980 Feet From The NORTH Line and 1980 Feet From The WEST Line				
Section	Township 23-S	Range 37-E ,NMPM	, LEA	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil or Condensate 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 or Dry Gas 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 Unit Sec. Twp. Rge. Is gas actually connected? When?				
If well produces oil or liquids, give location of tanks.		Sec. Twp. Rge. Is gas actually connected? When?		
1 250 5,0				
If this production is commingled with that from any other lease or pool, give commingling order				
Designate Type of Completion - (X)	Oil Well Gas We	New Well Workover Dee	pen Plug Back Same Diff Res'v	
Date Spudded 11/16/1993	Date Compl. Ready to Prod. 12/16/1993	Total Depth 6300'	P.B.T.D. 6224'	
Elevations (DF, RKB, RT, GR, etc.) 3297 GR	Name of Producing Formation CLINE TUBB	Top Oil/Gas Pay 6140	Tubing Depth 6061'	
Perforations			Depth Casing Shoe 6300	
6140 - 6194 - 24 SHOTS W/4" CSG GUN.				
TUBING, CASING AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
17 1/2"	13 3/8" 48# H-40	913	475 TOC - 10' FS	
11" - 7 7/8"	5 1/2" 15.5# J-55	6300	950 SX. TOC - SURFACE	
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.)				
12/16/1993	12/20/1993	Casing Pressure	FLOWING` Choke Size	
Length of Test	Tubing Pressure	Casing Plessure	26/64	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
Actual Flod. During Test	20	40	399	
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	
		OH CONCED	VATION DIVICION	
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION			VALION DIVISION	
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.		A.A.	J 4 5 100 100 1	
		Date Approved	V 1 4 1 34	
Signature				
Judy Throng berry Printed Name	Division Production Clerk Title		CT I SUPERVISOR	
01/12/1994	(713) 876-6150	Title	# · 4 # · * * * * * * * * * * * * * * * * * *	
Date	Telephone No.			
		1104		
INSTRUCTIONS. This form is	to be tiled in compliance with Rul	e 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.