Fice	†	AND	citective 1-1-65		
U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	SAS .		
LAND OFFICE					
I RANSPORTER OIL		Manager and the second			
GAS					
OPERATOR					
PRORATION OFFICE		MOUNT AND			
perator ATE					
Public Land Explor	ation, Inc.				
1	valled Towns 75220				
Reason(s) for filing (Check proper bo)	Dallas, Texas 75229	Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry Ga	ıs 🛄			
Change in Ownership X	Casinghead Gas Conder	nsate			
If change of ownership give name and address of previous owner	Samedan Oil Corporation -	900 Wall Towers East -	Midland, Texas 79701		
•					
DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	ormation Kind of Lease	e Lease No.		
Lease Name	}	State, Federa			
Scott Estate	l Wildcat		100 1772		
Location	1000 north	. 1980	The east		
Unit Letter G :	1980 Feet From The north Lin	ne and 1980 Feet From	1110		
Line of Section 15 To	ownship 11-N Range	25-E , NMPM, Guada	lupe County		
Line of Section 15	Swiisinp II-N	Z)-E , Guada	1400		
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	\s			
Name of Authorized Transporter of O	il or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)		
Name of Authorized Transporter of C	asinghead Gas Or Dry Gas	Address (Give address to which appro	ved copy of this form is to be sent)		
If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected? Wh	en		
give location of tanks.	1 1 1				
If this production is commingled w	with that from any other lease or pool,	give commingling order number:	,		
. COMPLETION DATA			Plug Back Same Res'v. Diff. Res'		
Designate Type of Complet	ion - (X)	New Well Workover Deepen	Programme Same rice vi prim vice		
Designate Type of Complete		Total David	P.B.T.D.		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B. 1.D.		
		Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top On/Gus Puy			
		1	Depth Casing Shoe		
Perforations					
	TURING, CASING, AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE			•		
. TEST DATA AND REQUEST	FOR ALLOWARIE (Test must be	after recovery of total volume of load of	l and must be equal to or exceed top all		
OIL WELL	able for this d	lepth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
			Choke Size		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Ggs-MCF		
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gaz-we.		
GAS WELL		Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Prod. Test-MCF/D	Length of Test	Sold. Comments, Marie			
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Testing Method (pitot, back pr.)	I dated Pressure (Same-In)				
		OU CONSERV	ATION COMMISSION		
I. CERTIFICATE OF COMPLIA	NCE				
		APPROVED	, 19		
I hereby certify that the rules an	d regulations of the Oil Conservation				
	the best of my knowledge and belief.	. 0			
	the best of my knowledge and belief.	. 0			
Commission have been complied above is true and complete to	the best of my knowledge and bottom	TITLE			
Commission have been complied above is true and complete to	the best of my knowledge and bottom	TITLE	a compliance with RULE 1104.		
Commission have been complied above is true and complete to	the best of my knowledge and bottom	TITLE	compliance with RULE 1104.		
Commission have been complied above is true and complete to	the best of my knowledge and bottom	TITLE	o compliance with RULE 1104. Towable for a newly drilled or deepe panied by a tabulation of the deviation o		
Paul Greson/Public Lan	Ary R. Snyder/Same Division Manager (Title)	TITLE	o compliance with RULE 1104. Towable for a newly drilled or deeper panied by a tabulation of the deviate cordance with RULE 111.		

1-30-80

(Date)

1-31-80

Fill out only Sections I. II. III, and VI for changes of owne well name or number, or transporter, or other such change of conditio Separate Forms C-104 must be filed for each pool in multiple moleted wells.

	+ 1		AND	Effective 1-1-65				
	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS				
	I RANSPORTER OIL	r (Taylor)						
	OPERATOR GAS		1980					
1.	PRORATION OFFICE NO HON DIVISION							
	Public Land Explora	ntion, Inc.	A FE					
	P.O. Box 29119 - Da	illas. Texas 75229						
	Reason(s) for filing (Check proper box)		Other (Please explain)					
	New Well Recompletion	Change in Transporter of: OII Dry Gas	s 🔲	•				
	Change in Ownership X	Casinghead Gas Condens	sate					
	If change of ownership give name and address of previous ownerSa	ımedan Oil Corporation -	900 Wall Towers East -	Midland, Texas 79701				
11.	DESCRIPTION OF WELL AND I	EASE. Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.				
	Scott Estate	1 Wildcat	State, Federal					
	Location	980 Feet From The north Line	1080	noat.				
	Unit Letter G ; 19	100 Feet From The HOLLII Line	e and 1900 Feet from T	he cast				
	Line of Section 15 Tow	mship 11—N Range	25-E , NMPM, Guadal	upe County				
111.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	S	ed conv of this form is to be sent)				
	Name of Authorized Transporter of Off	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)						
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approv	ed copy of this form is to be sent)				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	n				
	give location of tanks. If this production is commingled wit	h that from any other lease or pool	give commingling order number:	(
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Diff. Resty				
	Designate Type of Completio	n = (X)		1 1				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth				
	Perforations			Depth Casing Shoe				
		TURING CASING AND	CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
v	TEST DATA AND REQUEST FO		 fter recovery of total volume of load oil	and must be equal to or exceed top allow				
•	OIL WELL Date First New Oil Run To Tanks	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	t, etc.)				
		The base of the same of the sa	Casing Pressure	Choke Size				
	Length of Test	Tubing Pressure						
	Actual Prod. During Test	OII-Bble.	Water - Bbls.	Gas-MCF				
	GAS WELL Actual Prod. Test-MCF/D	Length of Teet	Bbls. Condensate/MMCF	Gravity of Condensate				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				
	Testing Method (phot, buck pr.)	1 45.114 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
VI	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION					
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			, 19				
			8Y					
	\mathcal{L}		TITLE					
	Paul Cresen Larry K. Smyder		This form is to be filed in compliance with RULE 1104.					
	Paul Greson/Public Lafien	atwe/Larry R. Snyder/Samed	If this is a request for allowable for a newly drilled or deepene 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 owne well name or number, or transporter, or other such change of conditions.					
	pres	Division Manager						
	1-31-80	1-30-80						
	(Do	ate)	Separate Forms C-104 mus	t be filed for each pool in multip:				