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TRANSPORTER OIL		
TRANSPORTER GAS	✓	
OPERATOR	✓	
PRORATION OFFICE		

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

APR 02 1984
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Samedan Oil Corporation

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

Reason(s) for filing (Check proper box)
New Well [X]
Recompletion [ ]
Change in Ownership [ ]
Change in Transporter of:
Oil [ ] Dry Gas [ ]
Casinghead Gas [ ] Condensate [ ]
Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
State 16	4	~~Leslie Spring~~ Wolfcamp	State, Federal or Fee State	

Location
Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East

Line of Section 16 Township 7-S Range 26-E NMPM, Chaves County

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)
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X] ~~Pecos River Gas Plant, LTD~~ Sun Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) 103 N. Pennsylvania, Roswell, N.M. 88201 ~~1111 Gravier Street, New Orleans, La., 70112~~
If well produces oil or liquids, give location of tanks. Unit ~~Sec~~ Twp. Rge.	Is gas actually connected? Yes When 2-8-84

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-8-82	12-24-82	4650'	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3699.4	Wolfcamp	4553'	4500'
Perforations 4553 - 4560			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12¼"	9-5/8"	847'	250 sx Lite, 200 sx "C"
7-7/8"	4½"	4650'	525 sx Cl. "C", 250 sx Lite, 100 sx Cl. "C"
	2 7/16	4500	

TEST DATA AND REQUEST FOR ALLOWABLE

(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)

OIL WELL

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Post ID 2 4th 5 temp abk

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
272	4 hrs.	0	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			10/64"

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.

Vertis Diamond
(Signature)
Division Clerk
(Title)
3/30/84
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY 1 1984, 19

BY Original Signed By Leslie A. Clements

TITLE ~~Supervisor District II~~

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 Forms C-104 must be filed for each pool in multiple