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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
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Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

SEP 25 1974

I. Operator  
**Samedan Oil Corporation**  
Address  
**2207 Wilco Building, Midland, Texas 79701**  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**Request permission to use gas from this well to drill our Amoco Federal #2 located Unit K, Sec. 19, 16-S, 28-E, Eddy County, New Mexico**  
If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name **Amoco Federal** Well No. **1** Pool Name, Including Formation **Undesignated Morrow** Kind of Lease **Federal** Lease No. **NM 14477**  
Location  
Unit Letter **G** **1980** Feet From The **North** Line and **1980** Feet From The **East**  
Line of Section **19** Township **16-S** Range **28-E** , NMPM, **Eddy** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐  
**None**  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒  
**Samedan Oil Corporation**  
Address (Give address to which approved copy of this form is to be sent)  
**2207 Wilco Building, Midland, TX 79701**  
If well produces oil or liquids, give location of tanks. Unit **G** Sec. **19** Twp. **16-S** Rge. **28-E** Is gas actually connected? **No** When **When well spudded**

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		<b>XX</b>	<b>XX</b>					
Date Spudded <b>12-16-73</b>	Date Compl. Ready to Prod. <b>4-2-74</b>	Total Depth <b>9390'</b>	P.B.T.D. <b>9387'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3555.9' G. L.</b>	Name of Producing Formation <b>Morrow</b>	Top Oil/Gas Pay <b>9390'</b>	Tubing Depth <b>9287'</b>					
Perforations <b>9326' to 9336' (20 holes)</b>			Depth Casing Shoe <b>9387'</b>					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
<b>25"</b>	<b>20"</b>	<b>36'</b>		<b>Circ. to surface</b>				
<b>12 1/4"</b>	<b>8 5/8"</b>	<b>1770'</b>		<b>1012 sacks</b>				
<b>7 7/8"</b>	<b>4 1/2"</b>	<b>9387'</b>		<b>250 sacks</b>				

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 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

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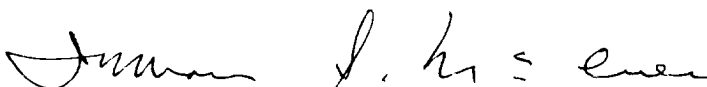
SEP 23 1974

GAS WELL

Actual Prod. Test-MCF/D <b>3935 MCF</b>	Length of Test <b>24 hrs.</b>	Bbls. Condensate <b>10</b>	Quantity of Condensate <b>580</b>
Testing Method (pitot, back pr.) <b>Flowing</b>	Tubing Pressure (shut-in) <b>2055#</b>	Casing Pressure (shut-in) <b>Packer</b>	Choke Size <b>8/64"</b>

VI. CERTIFICATE OF COMPLIANCE

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.

  
(Signature)  
**William S. McCuen, Production Superintendent**  
(Title)  
**9-18-74**  
(Date)

OIL CONSERVATION COMMISSION

OCT 1 1974

APPROVED \_\_\_\_\_ 19\_\_\_\_  
BY **W. A. Gussert**  
TITLE **OIL AND GAS INSPECTOR**

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 multiply completed wells.