Submit 5 Copies Appropriate District Office [J]STRICT]		iew Mexico neral Resources Departmen	α. γι∀ζζ	Farm C-184 Ravised 1-1-89 See Instructions at Bottom of Page
F.O. Box 1980, Hobbs, NM 88240 DISTRICT II		ATION DIVISION	N .	at Boutom of Fage 20
F.O. Drawer DD, Astenia, NM 88210		lox 2088 fexico 87504-2088		1
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.	REQUEST FOR ALLOWA	BLE AND AUTHORIZ L AND NATURAL GA		<u></u> ₹
Derator SAMSON RESOURCES			Well API No. 30-015-252	0.2
Address			50 015 252	
Two West Second Reason(s) for Filing (Check proper box)	Street Tulsa, OK 7410	Other (Please expire	л)	
New Well	Change in Transporter of			
Change in Operator XX	Oil Dry Gas Casinghead Gas Condensate	Effective 3-1-9	3	
If change of operator give name gand address of previous operatorG	eodyne Operating Compan	y 320 South Bos	ton Tulsa, OK 7	4103-3708
II. DESCRIPTION OF WELL	AND LEASE	· · · · · · · · · · · · · · · · · · ·		
Lease Name PFI Amoco "19" Fede	Well No. Pool Name, includ	ung Forma uon e Dome - Delaware	Kind of Lease State, Federal or Fee	Lease No NM 34246
Localion		. <u></u>		
Unit LetterF	1550 Feet From The	North Line and198	SO Feet From The W	est Line
Section 19 Townshi	p 22S Range 26E	, NMPM , E	Eddy	County
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	JRAL GAS		
Name of Authonzed Transporter of Oil	TX or Condensate	P. O. Box 1183	ch approved copy of this form in Houston, TX 77	
Permian Name of Authonzed Transporter of Cases	ghead Gas or Dry Gas	Address (Give address to white		
If well produces oil or liquids, give location of tanks.	Unui Sec. Twp. Rge K 19 22S 26E	I is gas actually connected?	When ?	
If this production is commingled with that	from any other lease or pool, give comming	sing order number:		
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back Sam	e Resv Diff Ress
Designate Type of Completion	- (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D	
		Top Oil/Gas Pay		<u></u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Tubing Depth	
Performions			Depth Casing Sh	De
		CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		KSCEMENT
·	······································			
• ····			مر م	
V. TEST DATA AND REQUES	ST FOR ALLOWABLE recovery of local volume of locad oil and mus	the second to allow	while for this depth or he for fu	ul 24 hours ,
DIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pur		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbis	Water - Bbis.	Gas- MCF	
· · · · · · · · · · · · · · · · · · ·				
GAS WELL		Bbis. Condenante/MMCF	Gravity of Cond	P1 531
Actual Prod. Test - MCF/D	Leagth of Test		Clavity of Coald	
[esting Method (puot, back pr)	Tubing Pressure (Shu-in)	Casing Pressure (Shut-in)	Choke Size	
VI. OPERATOR CERTIFIC			SERVATION DI	VISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				7 1993
is true and complete to the best of my		Date Approved	JUN	1 1333
Felo & Till	lu		ORIGINAL SIGNED	BY SHE
Signature Lila L. Miller Production Analyst		By ORIGINAL SIGNED BY MIKE WILLIAMS		
Proted Name	True (918) 583-1791	Title	SUPERVISOR, DISTI	RICT I
<u>5-27-93</u> Date	(918) 583-1791 Telephone No		n.	۰.

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.

Fill out only Sections I. II. III., and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.