	FILE	AND Litective 1-1-65			
	U.S.G.S.	THORIZATION TO TRANSPORT OIL ANDATURAL GAS			
	LAND OFFICE				
	TRANSPORTER GAS			,	
	OPERATOR	1	_		
1	PRORATION OFFICE	1	R	ECEIVED	
1.	Operator				
	SAMEDAN OIL CORPORATION JUL 3 0 1975				
	2207 Wilco Building, Midland, Texas 79701				
	Reason(s) for filing (Check proper box)				
	New We!! X Change in Transporter of:				
	Recompletion	Oil Dry Ga	s	•	
	Change in Ownership Casinghead Gas Condensate				
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Le	ease Lease No.	
	Carlsbad State Com.	, Undesignated	South Sign Fad	leral or Fee State L-4241	
	Location Control	L Carlsbad Morro	OW State, 1 so	D-424T	
	Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East				
	Line of Section 34 Tow	vnship 23-S Range 2	S-E , NMPM, Eddy	County	
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)				
	Unknown at present				
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)				
	El Paso Pipe Line C	Company	1800 Wilco Building		
		Unit Sec. Twp. Rge.	Is gas actually connected?	Midland, Texas 79701 When 8-25-25	
	If well produces oil or liquids,	B 34 23-5 26-E	# Ves	Annua 0/2 /05	
	give location of tanks.	<u> </u>	· / /		
	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 Res'v. Diff. Re				
	Designate Type of Completio	on = (X)	X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	2/26/75	7/24/75	11,805'	·	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	11,794* Tubing Depth	
	3292 G.L.			1 = 1g = - F	
	Perforations	Morrow	11,410'	Depth Casing Shoe	
	11,410' to 11,732'			11.794'	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	12 3/4"	503°		
	17 1/2"	711	5, 477'	700 sx.	
	7 7/8"	4 1/2"	11,794'	500 ax.	
	1 1/6	2 3/8"	11,315'	300 8X.	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) only for this de	fter recovery of total volume of load pth or be for full 24 hours)	oil and must be equal to or exceed top allow	
	OII. WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Date First New Cir Nail 10 14:125				
	Constitution of Transfer	Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	Table Lineania			
		Oil-Bbls.	Water - Bbls.	Gas - MCF	
	Actual Prod. During Test	Out-BBIE.			
			<u></u>		
	GAS WELL		I Date Condemnate On the	Comitty of Condensate	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	4,068	4	0	Chaha Sta-	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Back Pressure	3072	Packer	16/64"	

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

VI. CERTIFICATE OF COMPLIANCE

(Title)

July 28, 1975

(Date)

SUPERVISOR, DISTRICT, IL

OIL CONSERVATION COMMISSION

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 113.

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.