

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Geology, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator SAMSON RESOURCES COMPANY Well API No. 30 015 24097

Address Two West Second Street Tulsa, OK 74103

Reason(s) for Filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Operator X2X Casinghead Gas Condensate Effective 3-1-93

If change of operator give name and address of previous operator Geodyne Operating Company 320 South Boston Tulsa, OK 74103-3708

II. DESCRIPTION OF WELL AND LEASE

Lease Name Smith 10 Com Well No. 1 Pool Name, including Formation Black River Morrow Kind of Lease Fee State, Federal or Fee Lease No

Location Unit Letter G 2310 Feet From The North Line and 1980 Feet From The East Line
Section 10 Township 24S Range 27E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X Amoco Pipeline Intercompany Trucking Address (Give address to which approved copy of this form is to be sent) 502 NW Avenue Leveland, TX 79336

Name of Authorized Transporter of Casinghead Gas or Dry Gas X Llano Inc. Address (Give address to which approved copy of this form is to be sent) 921 W Sanger Hobbs, NM 88240

If well produces oil or liquids, give location of tanks. Unit G Sec. 10 Twp. 24S Rge. 27E Is gas actually connected? Yes When? 05/21/82

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 Res v Diff Res v

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

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Post ID-3 6-11-93 chg op

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 Tank 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

GAS WELL

Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate

Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. OPERATOR 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

Signature Lila L. Miller Production Analyst

Printed Name Lila L. Miller Title Date 5-27-93 Telephone No (918) 583-1791

OIL CONSERVATION DIVISION

Date Approved JUN 7 1993

By ORIGINAL SIGNED BY MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

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