

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PREPARED BY	

**I. OPERATOR**  
**Samedan Oil Corporation**  
 Address:  
**2207 Wilco Building, Midland, Texas 79701**

Reason for commingling (Check proper box)      Other (Please explain)

New Well       Change in Transporter of:  
 Reservoir       Oil       Dry Gas   
 Change in Transporter of:       Casinghead Gas       Condensate

If change in ownership give name and address of previous owner: **King Resources Company, 103 Wall Tower west, Midland, Texas 79701**

**II. DESCRIPTION OF WELL AND LEASE**

Lease No. <b>Hughes "B-3"</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Teague Blinebry</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>NM-2244</b>
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Location:  
 East of **P**      **660** Feet From The **South** Line and **660** Feet From The **East**  
 Line Section **17**      Township **23-S**      Range **37-E**      , NMPM, **Lea** County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 3119, Midland, Texas 79701</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Skelly Oil Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1135, Eunice, New Mexico 88231</b>
If well produces oil or liquids, give location of tanks. Unit <b>P</b> Sec. <b>17</b> Twp. <b>23-S</b> Rge. <b>37-E</b>	Is gas actually connected?      When? <b>Yes</b> <b>N.A.</b>

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <b>8-9-69</b>	Date Compl. Ready to Prod. <b>8-16-69</b>	Total Depth <b>6108'</b>	P.B.T.D. <b>5024'</b>					
Elevations (DF, RKB, RT, GR, etc.) <b>3335' K. B.</b>	Name of Producing Formation <b>Blinebry</b>	Top Oil/Gas Pay <b>5776'</b>	Tubing Depth <b>5740'</b>					
Perforations <b>5776' to 6005'</b>	Depth Casing Shoe <b>6108'</b>							

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	<b>10 3/4"</b>	<b>139'</b>	<b>100 SX.</b>
	<b>9 5/8"</b>	<b>1114'</b>	<b>50 SX.</b>
	<b>7 "</b>	<b>3560'</b>	<b>100 SX.</b>
	<b>4 1/2"</b>	<b>6108'</b>	<b>270 SX.</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)

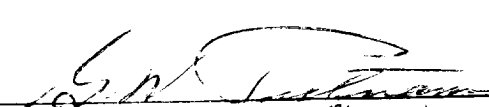
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

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

**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.

  
**G. W. Putnam** (Signature)  
**Division Production Superintendent** (Title)

**OIL CONSERVATION COMMISSION**

APPROVED **JAN - 5 1972**, 19 \_\_\_\_\_

BY **Joe D. Ramey**  
 Orig. Signed by  
 Dist. I. Supv.

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 allow-