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State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Samedan Oil Corporation		Well API No. 30 005 21068
Address 10 Desta Drive, Suite 240 East		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input checked="" type="checkbox"/> Other (Please explain) Change of operator Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Test allowable to test well through Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> month of November, 1990.		
If change of operator give name and address of previous operator Penwell Energy		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Culp Ranch Unit	Well No. 1	Pool Name, Including Formation Yraham Springs Devonian	Kind of Lease State, Federal or Fee	Lease No. NM60052
Location Unit Letter C : 990 Feet From The NL Line and 1980 Feet From The WL Line Section 11 Township 12S Range 30E , NMPM , Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Western Oil Transporter <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 11	Sec. 12-S	Twp. 30E	Rge. NO	Is gas actually connected? NO	When ?

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 X	Gas Well	New Well	Workover X	Deepen	Plug Back	Same Res'v X	Diff Res'v
Date Spudded 10-14-90	Date Compl. Ready to Prod. 11-5-90		Total Depth 10,282		P.B.T.D. 10,257			
Elevations (DF, RKB, RT, GR, etc.) 4024 KB	Name of Producing Formation Devonian		Top Oil/Gas Pay 10,247		Tubing Depth 1,100			
Performances Open hole 10,251-10,257					Depth Casing Shoe 10,251			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17 1/2	13 3/8		450		450			
11	8 5/8		2980		1450			
7 7/8	5 1/2		10,251		1180			

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 11-5-90	Date of Test 11-5-90	Producing Method (Flow, pump, gas lift, etc.) pump	
Length of Test 19 hr	Tubing Pressure 20 PSI	Casing Pressure -0-	Choke Size None
Actual Prod. During Test 186	Oil - Bbls. 150	Water - Bbls. 36	Gas - MCF -0-

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
Judy Throneberry
Printed Name
Judy Throneberry - Division Production Clerk
Date
11-9-90
Title
915-684-8491
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **NOV 13 1990**

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT SUPERVISOR

Title

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.

RECEIVED

NOV 13 1990

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