

FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

AND
AUTHORIZATION TO TRANSPORT OIL / NATURAL GAS

I. Operator
SAMEDAN OIL CORPORATION

Address
600 N. Marienfeld, Suite #320 - Midland, TX 79701

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

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Speight	1	Undesignated	State, Federal or Fee Fee	

Location

Unit Letter B ; 810 Feet From The North Line and 1980 Feet From The East

Line of Section 3 Township 13-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"/>	Address (Give address to which approved copy of this form is to be sent)
Amoco Pipeline Company	2300 Continental Nat'l Bnk Bldg. Ft. Worth TX 76102
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Warren Petroleum Co.	P.O. Box 38 - Tatum, New Mexico 88267

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is gas actually connected?	When
	B	3	13-S	37-E	No	March 1, 1982

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'
	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-23-81	10-23-81	12,136'	12,114'

Measurements (DF, RKB, RI, GR, etc.,)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3887.1' GR	Devonian	12,108'	11,815'

Perforations	Depth Casing Shoe
12,108' - 12,113'	12,116'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	399'	425 sxs Class "C"
12 1/4"	8 5/8"	4500'	800 sx Lite wght/400"
7 7/8"	5 1/2"	12,116'	400 sxs Class "H"
	2 7/8"	11,815'	

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.)	
10-29-81	10-30-81	Flow	

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	620	100	14/64"

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
638	638	19	240

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. 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.

Vertis Diamond VERTIS DIAMOND
(Signature)

DIVISION CLERK
(Title)

February 19, 1982
(Date)

OIL CONSERVATION COMMISSION

APPROVED Feb 20 1982, 19____

BY ORIGINAL

TITLE JERRY

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

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviatl tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own: well name or number, or transporter, or other such change of conditio

Separate Forms C-104 must be filed for each pool in multipl completed wells.

RECEIVED

FEB 22 1982

9-012
HOBBS OFFICE