

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

I.

Operator Samedan Oil Corporation	
Address 2207 Wilco Building, Midland, Texas 79701	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf State	Well No. 1	Pool Name, including Formation East Morton-Wolfcamp Wildcat (Permo Penn) R-4086	Kind of Lease State, Federal or Fee	Lease No. k-2431
Location				
Unit Letter <u>A</u> ; <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u>				
Line of Section <u>4</u> Township <u>15-S</u> Range <u>35-E</u> , NMPM, <u>Lee</u> 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"/> Admiral Crude Oil Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1713, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Negotiating Gas Contract	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 A	Sec. 4	Twp. 15-S	Rge. 35-E	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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X				X					
Date Spudded 8-15-70	Date Compl. Ready to Prod. 10-5-70		Total Depth 10,546'		P.B.T.D. --				
Elevations (DF, RKB, RT, GR, etc.) 4004.2' G.L.	Name of Producing Formation Permo-Penn		Top Oil/Gas Pay 10,510'		Tubing Depth 10,038'				
Perforations Four Shots at 10,494' and Open Hole 10,510' to 10,546'				Depth Casing Shoe 10,510'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/4"	12-3/4"		460'		550 sx. Circ. to Surface				
12-1/4"	8-5/8"		4,600'		300 sx.				
7-5/8"	5-1/2"		10,510'		450 sx.				
5-1/2"	2-7/8"		10,038'						

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 10-5-70	Date of Test 10-10-70	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hours	Tubing Pressure 310	Casing Pressure Packer	Choke Size 15/64"
Actual Prod. During Test 359	Oil - Bbls. 309	Water - Bbls. 50	Gas - MCF 132

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. Tutnam (Signature)
Division Production Superintendent
(Title)
October 12, 1970
(Date)

OIL CONSERVATION COMMISSION

APPROVED 10-12-1970, 19____
BY John W. Runyan
TITLE Geologist

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 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