

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

AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Effective 1-1-65

Operator Samedan Oil Corporation	
Address Suite 320, Paragon Tower, 600 N. Marienfeld, 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) Request Test Allowable of 2000 Barrels	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name State GS 16	Well No. 1	Pool Name, including Formation Vacuum North Abo	Kind of Lease State, Federal or Fee State	Lease No.
Location Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East				
Line of Section 16 Township 17-S Range 34-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"/> Western Oil Transportation Co., Inc.	Address (Give address to which approved copy of this form is to be sent) Box 838, Hobbs, New Mexico, 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> None (Phillips - no contract yet)	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 P	Sec. 16
	Twp. 17S	Rge. 34E
	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-29-83	Date Compl. Ready to Prod. 3-23-83		Total Depth 9000'		P.B.T.D. 8825'			
Elevations (DF, RKB, RT, GR, etc.) 4087.1	Name of Producing Formation Abo		Top Oil/Gas Pay 4640'		Tubing Depth 4650'			
Perforations 4640-4751 (24 holes)					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/2"	8-5/8"		1700'		360 sx Lite & 200 sx			
					Class "C"			
5-1/2"	5-1/2"		9000'		300 sx Lite; 200 Cl. "H"			
					450 sx Lite; 150 Cl. "C"			

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)

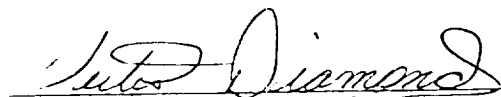
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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

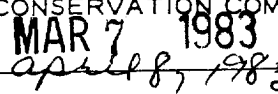
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


Vertis Diamond (Signature)

Division Clerk
(Title)

April 6, 1983
(Date)

OIL CONSERVATION COMMISSION

APPROVED  , 19
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

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 completed wells.

RECEIVED
APR 7 1983
O.C.D.
HOBBY OFFICE