

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	SAMSON RESOURCES COMPANY	Well API No.	30-025-02426-0051
Address	Two West Second Street Tulsa, OK 74103		
Reason(s) for Filing (Check proper box)	Other (Please explain)		
New Well	<input type="checkbox"/>		
Recompletion	<input type="checkbox"/>		
Change in Operator	<input checked="" type="checkbox"/>		
Change in Transporter of:	Effective 3-1-93		
Oil	<input type="checkbox"/>		
Dry Gas	<input type="checkbox"/>		
Casinghead Gas	<input type="checkbox"/>		
Condensate	<input type="checkbox"/>		
If change of operator give name and address of previous operator	Geodyne Operating Company 320 South Boston Tulsa, OK 74103-3708		

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Federal 11-20-34	1	Lea (Bone Spring)	State, Federal or Other	NM-0631
Location				
Unit Letter	F	1980	Feet From The	North
Line and	2130'	Feet From The	West	Line
Section	11	Township	20-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	Address (Give address to which approved copy of this form is to be sent)
Texas-New Mexico Pipeline Company		P. O. BOX 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas	<input checked="" type="checkbox"/> or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 Natural Gas Company		GPM Gas Corporation 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	F	11
	Twp.	20S
	Rge.	34E
Is gas actually connected?	Yes	When?
		April 6, 1967
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
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.)

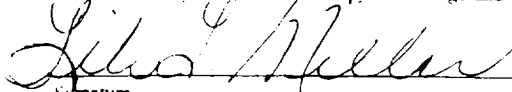
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, 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 Lila L. Miller Production Analyst
Printed Name Lila L. Miller Title
6-3-93 (918) 583-1791
Date Telephone No

OIL CONSERVATION DIVISION

Date Approved JUN - 7 1993
ORIGINAL SIGNED BY HERRY SEXTON
By DISTRICT I 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 1104.
- 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.